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Urban District of Rothwell

Yorks



ANNUAL REPORT

of the

Medical Officer of Health

(A. L. TAYLOR, M.D., Ch.B., D.P.H.)

and the

Public Health Inspector

(T. WILSON, Cert. S.I.B., M.A.P.H.I., A.M.I.P.C.)

1958

WAKEFIELD :

W. H. MILNES (SUCCRS.) LTD.

ROTHWELL URBAN DISTRICT COUNCIL

ANNUAL REPORT

OF THE

Medical Officer of Health, 1958.

*To the Chairman and Members of the
Rothwell Urban District Council.*

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in presenting for your consideration the Annual Report for your District for 1958. On the whole, the pattern of recent years has been closely followed. In general, social conditions in your District remain good, and may be said, I think, to show the steady and progressive trend of the last decade. In one or two respects it might be considered that there has been a slight regression. These I will comment on in due course under the appropriate headings.

There have been no major changes in the administration of the Health Services. Relationships have been excellent throughout and very few staffing changes have occurred. It can be claimed fairly that you are well and efficiently served in respect of all your public health functions.

Once again I should like to express my appreciation of the courtesy and consideration which I have always received at your hands. In recording this, I should like to emphasise how important I feel it to be as an encouragement to present and future endeavour.

I remain, Ladies and Gentlemen,

Yours faithfully,

A. L. TAYLOR,
Medical Officer of Health.

ROTHWELL URBAN DISTRICT COUNCIL

STATISTICAL MEMORANDA FOR 1958

| | | | | |
|----------------------------------------------------------|-----|-----|-----|----------|
| Area in Acres | ... | ... | ... | 10,695 |
| Registrar General's Estimate of Population for 1958 | | | | 25,060 |
| Number of Inhabited Houses, 1958, according to Rate Book | ... | ... | ... | 8,027 |
| Rateable Value, Year commencing 1.4.58 | | | ... | £192,531 |
| Net Product of Penny Rate, Year commencing 1.4.58 | | | | £765 |

VITAL STATISTICS IN 1958

| | | | | M. | F. | Total |
|----------------------------------------------------------------------------------------|-----|-----|-------|-----|-------|-------|
| Live Births. | | | | | | |
| Legitimate | ... | ... | ... | 206 | 167 | 373 |
| Illegitimate | ... | ... | ... | 13 | 11 | 24 |
| | | | Total | ... | 219 | 178 |
| | | | | | | 397 |
| <hr/> | | | | | | |
| Live Birth Rate per 1,000 population | ... | | | | 15.84 | |
| Still Births. | | | | | | |
| Legitimate | ... | ... | ... | 3 | 4 | 7 |
| Illegitimate | ... | ... | ... | — | 1 | 1 |
| | | | Total | ... | 3 | 5 |
| | | | | | | 8 |
| <hr/> | | | | | | |
| Stillbirth Rate per 1,000 live and still births | | | | | 19.75 | |
| Birth Rate (live and still) per 1,000 of the estimated resident population (corrected) | | | | | 16.81 | |
| Deaths. | | | | | | |
| | | | | M. | F. | Total |
| All Ages | ... | ... | ... | 186 | 201 | 387 |
| Death Rate per 1,000 of the estimated resident population (corrected) | ... | | | | 11.89 | |

| | M. | F. | Total |
|-------------------------------------------------------------|-----|-----|------------------|
| Deaths of Infants under 1 year ... | 7 | 5 | 12 12 |
| Death Rate of Infants under 1 year :— | | | |
| All Infants per 1,000 live births ... | | | 30.23 |
| Legitimate Infants per 1,000 legitimate live births ... | | | 32.17 |
| Illegitimate Infants per 1,000 illegitimate live births ... | | | — |
| Neo-natal Mortality Rate per 1,000 live births | | | 25.19 |
| Illegitimate live births per cent. of total births | | | 6.04 |
| Deaths from Diarrhoea (under 2 years of age) | | | 0 |
| Rate per 1,000 population ... | ... | ... | — |
| Rate per 1,000 live births ... | ... | ... | — |
| Deaths from Measles (all ages) ... | ... | ... | 0 |
| Deaths from Whooping Cough (all ages) ... | ... | ... | 0 |
| Deaths from Cancer (all ages) ... | ... | ... | 58 |

Maternal Mortality.

| | | |
|----------------------------------------|-----|------|
| Deaths ... | ... | Nil. |
| Rate per 1,000 (live and still) births | ... | 0.0 |

District Death Rate.

The Death Rate of 11.9 is based on the total number of deaths occurring in the District, including 107 at St. George's Hospital, and is arrived at after correction according to the Comparability Factor supplied by the Registrar General.

RECORD OF DEATHS IN AGE GROUPS, 1958

| Age | | | | District | | St. George's Hospital | | Total | |
|------------------|-----|-----|-----|----------|-----|-----------------------|----|-------|-----|
| | | | | M. | F. | M. | F. | M. | F. |
| Under 1 year | ... | | | 7 | 5 | — | — | 7 | 5 |
| 1—5 years | ... | ... | | 1 | — | — | — | 1 | — |
| 5—10 | „ | ... | ... | 1 | 2 | — | — | 1 | 2 |
| 10—15 | „ | ... | ... | 1 | — | — | — | 1 | — |
| 15—20 | „ | ... | ... | 2 | 1 | — | — | 2 | 1 |
| 20—25 | „ | ... | ... | — | — | — | — | — | — |
| 25—35 | „ | ... | ... | 3 | — | — | — | 3 | — |
| 35—45 | „ | ... | ... | 10 | 2 | — | — | 10 | 2 |
| 45—55 | „ | ... | ... | 7 | 13 | 1 | 2 | 8 | 15 |
| 55—65 | „ | ... | ... | 32 | 17 | 1 | 4 | 33 | 21 |
| 65—70 | „ | ... | ... | 19 | 13 | 2 | 4 | 21 | 17 |
| 70—75 | „ | ... | ... | 17 | 23 | 10 | 14 | 27 | 37 |
| 75—80 | „ | ... | ... | 26 | 18 | 7 | 9 | 33 | 27 |
| 80—85 | „ | ... | ... | 14 | 16 | 5 | 19 | 19 | 35 |
| 85—90 | „ | ... | ... | 16 | 8 | 3 | 17 | 19 | 25 |
| Over 90 years... | ... | | | 1 | 5 | — | 9 | 1 | 14 |
| Totals | | | | 157 | 123 | 29 | 78 | 186 | 201 |

Principal Vital Statistics for the Year 1958

| | | | | Urban District of Rothwell | Aggregate of Urban Districts | Aggregate of Rural Districts | West Riding Admin. County | England and Wales |
|--------------------------------------------------------------------|----|--------------|----|----------------------------------|------------------------------------|------------------------------------|------------------------------------|----------------------|
| Population | .. | .. | .. | 25,060 | 1,175,600 | 454,400 | 1,630,000 | * |
| Births | { | Legitimate | .. | 373 | 18,417 | 7,904 | 26,321 | * |
| | | Illegitimate | .. | 24 | 694 | 282 | 976 | * |
| | | Total | .. | 397 | 19,111 | 8,186 | 27,297 | * |
| Still Births | { | Legitimate | .. | 7 | 430 | 181 | 611 | * |
| | | Illegitimate | .. | 1 | 20 | 6 | 26 | * |
| | | Total | .. | 8 | 450 | 187 | 637 | * |
| Total Live and Still Births | | | | 405 | 19,561 | 8,373 | 27,934 | * |
| Deaths under one year | { | Legitimate | .. | 12 | 428 | 215 | 643 | * |
| | | Illegitimate | .. | — | 15 | 9 | 24 | * |
| | | Total | .. | 12 | 443 | 224 | 667 | * |
| Deaths under 4 weeks | { | Legitimate | .. | 10 | 297 | 147 | 444 | * |
| | | Illegitimate | .. | — | 12 | 5 | 17 | * |
| | | Total | .. | 10 | 309 | 152 | 461 | * |
| Deaths (all causes) | | | | 387 | 14,998 | 4,453 | 19,451 | * |
| | | | | | CRUDE RATES. | | | |
| Live Birth | .. | .. | | 15·8 | 16·3 | 18·0 | 16·7 | 16·4 |
| Death (All causes) | .. | .. | | 15·4 | 12·8 | 9·8 | 11·9 | 11·7 |
| Infective and Para. Dis. excl Tub. but incl. Syph. & other V.D. | | | | 0·08 | 0·04 | 0·07 | 0·05 | * |
| Tuberculosis, Respiratory | | | | 0·08 | 0·09 | 0·09 | 0·09 | 0·09 |
| Tuberculosis, Other | | | | — | 0·01 | 0·00 | 0·01 | 0·01 |
| Tuberculosis, All Forms | | | | 0·08 | 0·09 | 0·09 | 0·09 | 0·10 |
| Cancer | | | | 2·47 | 2·11 | 1·62 | 1·97 | 2·12 |
| Vascular lesions of Nervous system | | | | 4·15 | 2·13 | 1·41 | 1·93 | * |
| Heart and Circulatory Disease | | | | 4·15 | 5·00 | 3·53 | 4·59 | * |
| Respiratory Diseases | | | | 1·92 | 1·40 | 1·13 | 1·33 | * |
| Maternal Mortality | | | | — | 0·41 | 0·48 | 0·43 | 0·43 |
| Infant Mortality | | | | 30·2 | 23·2 | 27·4 | 24·4 | 22·5 |
| Stillbirth | | | | 19·8 | 23·0 | 22·3 | 22·8 | 21·6 |

* Figures not available.

PUBLIC HEALTH OFFICERS :

Medical Officer of Health (part-time) :—

Dr. A. L. TAYLOR, M.D., D.P.H.

Senior Public Health Inspector :—

T. WILSON, Cert. S.I.B., M.P.H.I.A., A.M.I.P.C.,
Certified Smoke Inspector, Certified Meat Inspector.

Additional Public Health Inspector :—

G. F. IDLE, Cert. S.I.B., A.R.San.I., M.P.H.I.A.,
Certified Meat Inspector.

Technical Assistant :—

N. KILBURN, A.I.Hsg.

Trainee Inspector :—

M. HALL.

Clerk :—

Miss J. MARSHALL.

COMMENTS ON STATISTICAL DATA

It was, perhaps, too much to hope that last year's record low Infantile Mortality Rate could be maintained. The 1958 figure of 30.23 infant deaths per thousand live births seems, at first glance, a sorry falling away from last year's figure of 16.09. It is necessary to remind you, however, that in dealing with relatively small totals in a relatively small population, one or two infant deaths can cause a very big swing in the recorded Infantile Death Rate. Examination of the following table will show that, of the twelve deaths, 4 were due to extreme prematurity, and 3 others to unavoidable congenital abnormalities. Only 2 deaths occurred in the 1 to 12 months age group, one of which, again, was due to an unavoidable congenital cause. Even so, the figure for this year is amongst the best ever recorded in your area and is below the average for the last ten years.

It is gratifying to record a further rise in the Birth Rate. This now stands at the figure of 16.81 per thousand estimated population, and is higher than it has been for a great many years.

The District Death Rate is about the average for the Country and calls for no special comment.

There was no maternal death during 1958.

Tuberculosis continues unchanged in its numerical incidence, but very different in its social significance, as will be seen by reference to the tables and comments published later in this Report.

Lung cancer looms ever more seriously as a factor in mortality. This year no fewer than 10 deaths are attributable to this cause. In previous Reports I have recorded my belief that the condition is associated with smoking, and I see no reason to modify my opinion. Unfortunately, very considerable fiscal and commercial interests are involved. I think I am right in saying that the revenue derived from smoking is sufficient to pay for the whole National Health Service. It is a matter of opinion whether the price involved in human suffering and mortality is worth it. The function of Preventive Medicine is to ensure that the facts are fully known to the public. Discretion must be left to themselves.

On the whole, statistics show a satisfactory state of public Health in your District..

Causes of Death in the Rothwell Urban District, 1958

| CAUSE OF DEATH | | | | MALES. | FEMALES. |
|----------------------------------------------|----|----|----|--------|----------|
| All Causes | | | | 186 | 201 |
| 1. Tuberculosis, respiratory | .. | .. | .. | 2 | .. |
| 2. Tuberculosis, other | .. | .. | .. | .. | .. |
| 3. Syphilitic disease .. | .. | .. | .. | .. | 1 |
| 4. Diphtheria .. | .. | .. | .. | .. | .. |
| 5. Whooping Cough .. | .. | .. | .. | .. | .. |
| 6. Meningococcal infections | .. | .. | .. | .. | .. |
| 7. Acute Poliomyelitis | .. | .. | .. | .. | .. |
| 8. Measles .. | .. | .. | .. | .. | .. |
| 9. Other infective and parasitic diseases | .. | .. | .. | .. | 1 |
| 10. Malignant neoplasm, stomach | .. | .. | .. | 6 | 3 |
| 11. Malignant neoplasm, lung, bronchus | .. | .. | .. | 8 | 2 |
| 12. Malignant neoplasm, breast .. | .. | .. | .. | .. | 9 |
| 13. Malignant neoplasm, uterus .. | .. | .. | .. | .. | 2 |
| 14. Other malignant and lymphatic neoplasms | .. | .. | .. | 15 | 13 |
| 15. Leukaemia, aleukaemia .. | .. | .. | .. | 3 | 1 |
| 16. Diabetes .. | .. | .. | .. | .. | .. |
| 17. Vascular lesions of nervous system | .. | .. | .. | 32 | 72 |
| 18. Coronary disease, angina .. | .. | .. | .. | 29 | 17 |
| 19. Hypertension with heart disease | .. | .. | .. | 1 | 3 |
| 20. Other heart disease .. | .. | .. | .. | 22 | 21 |
| 21. Other circulatory disease .. | .. | .. | .. | 2 | 9 |
| 22. Influenza .. | .. | .. | .. | .. | .. |
| 23. Pneumonia .. | .. | .. | .. | 11 | 15 |
| 24. Bronchitis .. | .. | .. | .. | 15 | 4 |
| 25. Other diseases of the respiratory system | .. | .. | .. | 2 | 1 |
| 26. Ulcer of stomach and duodenum | .. | .. | .. | .. | 2 |
| 27. Gastritis, enteritis and diarrhoea | .. | .. | .. | .. | 1 |
| 28. Nephritis and nephrosis .. | .. | .. | .. | 1 | 1 |
| 29. Hyperplasia of prostate .. | .. | .. | .. | 2 | .. |
| 30. Pregnancy, childbirth, abortion | .. | .. | .. | .. | .. |
| 31. Congenital malformations .. | .. | .. | .. | 3 | .. |
| 32. Other defined and ill-defined diseases | .. | .. | .. | 19 | 16 |
| 33. Motor vehicle accidents .. | .. | .. | .. | 7 | .. |
| 34. All other accidents .. | .. | .. | .. | 2 | 3 |
| 35. Suicide .. | .. | .. | .. | 4 | 4 |
| 36. Homicide and operations of war | .. | .. | .. | .. | .. |
| Live Births. { Total | | | | 219 | 178 |
| Legitimate | | | | 206 | 167 |
| Illegitimate | | | | 13 | 11 |
| Still-Births. { Total | | | | 3 | 5 |
| Legitimate | | | | 3 | 4 |
| Illegitimate | | | | .. | 1 |
| Deaths of { Total | | | | 7 | 5 |
| Infants under { Legitimate | | | | 7 | 5 |
| 1 year of age. { Illegitimate | | | | .. | .. |
| Population | | | | 25,060 | |
| Comparability Factors :— | | | | | |
| Births | | | | 1.04 | |
| Deaths | | | | 0.77 | |

INFANTILE MORTALITY IN 1958

Deaths from Stated Causes under One Year of Age

| CAUSES OF DEATH. | | Under 1 Week. | 1—2 Weeks. | 2—3 Weeks. | 3—4 Weeks. | Total under 1 Month. | 1—3 Months. | 3—6 Months. | 6—9 Months. | 9—12 Months. | Total under 1 Year. |
|----------------------------------------------------------------------------------------------|----|---------------|------------|------------|------------|----------------------|-------------|-------------|-------------|--------------|---------------------|
| Broncho-pneumona } Bronchitis .. | .. | - | - | - | - | - | - | 1 | - | - | 1 |
| Extreme prematurty .. | .. | 4 | - | - | - | 4 | - | - | - | - | 4 |
| Atelectasis } Prematurity .. | .. | 2 | - | - | - | 2 | - | - | - | - | 2 |
| Septicaemia .. | .. | 1 | - | - | - | 1 | - | - | - | - | 1 |
| Congenital Ichthyosis .. | .. | 1 | - | - | - | 1 | - | - | - | - | 1 |
| Cerebral venous } haemorrhage } Torn tentorium cerebelli } Head moulding at birth } | .. | 1 | - | - | - | 1 | - | - | - | - | 1 |
| Congenital hydrocephalus | .. | - | - | - | - | - | - | 1 | - | - | 1 |
| Congenital diaphragmatic hernia | .. | 1 | - | - | - | 1 | - | - | - | - | 1 |
| Total .. | .. | 10 | - | - | - | 10 | - | 2 | - | - | 12 |

INFANT DEATHS PER THOUSAND LIVE BIRTHS

| 1909—1918 | | 1919—1928 | | 1929—1938 | | 1939—1948 | | 1949—1958 | |
|-------------------|-----|------------------|------|------------------|------|------------------|------|------------------|-------|
| 1909 | 112 | 1919 | 61 | 1929 | 89.3 | 1939 | 42.4 | 1949 | 52.7 |
| 1910 | 133 | 1920 | 83 | 1930 | 31 | 1940 | 43 | 1950 | 35 |
| 1911 | 116 | 1921 | 86 | 1931 | 72.2 | 1941 | 50.8 | 1951 | 21.3 |
| 1912 | 58 | 1922 | 90 | 1932 | 40.9 | 1942 | 37.2 | 1952 | 31.7 |
| 1913 | 139 | 1923 | 82 | 1933 | 77.8 | 1943 | 42.2 | 1953 | 28.3 |
| 1914 | 120 | 1924 | 112 | 1934 | 50 | 1944 | 40 | 1954 | 44.4 |
| 1915 | 125 | 1925 | 72 | 1935 | 38 | 1945 | 51.7 | 1955 | 35.6 |
| 1916 | 85 | 1926 | 74.2 | 1936 | 57 | 1946 | 56 | 1956 | 32.0 |
| 1917 | 142 | 1927 | 65 | 1937 | 68 | 1947 | 49.6 | 1957 | 16.1 |
| 1918 | 84 | 1928 | 71.7 | 1938 | 65 | 1948 | 38.8 | 1958 | 30.23 |
| Average— 111.4 | | Average— 79.7 | | Average— 58.9 | | Average— 44.2 | | Average— 32.7 | |

Details of STILLBIRTHS for the past five years

| Year | No. of Live Births | No. of Still- Births | Proportion of Stillbirths per 100 Live Births |
|------|--------------------------|----------------------------|--------------------------------------------------------|
| 1954 | 361 | 7 | 1.9 |
| 1955 | 309 | 8 | 2.6 |
| 1956 | 344 | 5 | 1.5 |
| 1957 | 373 | 6 | 1.6 |
| 1958 | 397 | 8 | 2.0 |

Details of NEO-NATAL DEATHS for the past five years

| Year | No. of Live Births | No. of Neo- Natal Deaths | Proportion of Neo-Natal deaths per 100 Live Births |
|------|--------------------------|-----------------------------------|-------------------------------------------------------------|
| 1954 | 361 | 8 | 2.2 |
| 1955 | 309 | 6 | 1.9 |
| 1956 | 344 | 8 | 2.3 |
| 1957 | 373 | 3 | 0.8 |
| 1958 | 397 | 10 | 2.5 |

GENERAL PROVISIONS OF HEALTH SERVICES IN THE AREA

These have continued virtually unchanged. The system of Divisional administration of the Preventive Medical Services, administered by the County Council, unites your own District with two adjoining Urban Districts. I should like to repeat my opinion that the unit thus formed is of a satisfactory size and is administratively compact and manageable. Your own District gains by the geographical fact that the Divisional Office is situated in the exact middle of your area. The total population of the Division must now be creeping up to the 60,000 mark. The Medical Staffing of the Division consists of a Divisional Medical Officer who also acts as Medical Officer of Health to each of the constituent Districts. He is assisted by two full time Assistant County Medical Officers, one of whom acts as his Deputy.

The Divisional Medical Officer is responsible for the day to day administration of all the Public Health Services in your area other than the Ambulance and School Dental Services. A clerical staff of 9 is employed full time and is now barely adequate to cope with the constantly increasing complexity of routine administrative procedures. Their work has been consistently good throughout the year and I feel myself fortunate in being able to avail myself of the services of such a willing team of helpers.

Very important is the relationships between the Divisional Office and the Departmental staffs employed by yourselves. These have been excellent throughout the year and have contributed in no small measure to the harmonious running of what is, in effect, an integrated total administration.

REPORT ON THE DIVISIONAL MEDICAL SERVICES ADMINISTERED IN THE URBAN DISTRICT BY THE LOCAL HEALTH AUTHORITY

Continuing the precedent set in previous Reports, I include statistical returns relating to the services administered in the whole Health Division on behalf of the Local Health Authority.

In addition to the Medical and clerical staff previously mentioned, the services of the following personnel are available:—

9 Health Visitors, 10 Home Nurses, 7 Domiciliary Midwives, One part time Ophthalmologist, One part time Consultant Paediatrician, One part time Speech Therapist, One part time Mental Health Social Worker. In addition, the services of an Ear, Nose and Throat Surgeon are available if needed.

The Dental Clinic is still in existence and is excellently staffed and adequately maintained. Its services are of the greatest value to the community.

School Medical Service.—The estimated number of school children in the Division is 8,127. In spite of the very greatly increased volume of work necessitated by the Poliomyelitis vaccination campaign, it has been found possible to carry out the routine School Medical Inspections virtually without diminution. In addition, all the necessary special examinations of children suffering from physical, mental or educational subnormality, have been undertaken as usual. In recording this, I would like to pay tribute to all concerned for the strenuous efforts which they have made to maintain such a satisfactory state of affairs. Apprehension had been voiced in certain quarters that the large amount of additional work necessitated could only be undertaken at the expense of equally important routine procedures. It is good to know that hard work and administrative flexibility have rendered such apprehensions groundless.

Verminous infestation of school children, apart from a very few mild cases, has not constituted any problem during the year. Standards of personal and community hygiene have remained high in your area.

The same can be said of nutritional standards, which remain excellent.

No waiting list exists for the provision of glasses, or for ear, nose and throat surgical treatment. This latter is readily available at either Wakefield or Leeds.

Co-operation with Divisional Education Officers and their staffs has remained uniformly good. In this field there has been a ready acknowledgment of each other's responsibilities and a positive spirit of mutual helpfulness.

In conclusion of my comments in this Section, I would like to reiterate my belief that the standards of the School Medical Service are consistently high and, in my opinion, would be difficult to improve upon.

SCHOOL MEDICAL SERVICE
MEDICAL INSPECTION AND TREATMENT
FOR THE YEAR ENDED 31st DECEMBER, 1958
PERIODIC MEDICAL INSPECTIONS

| Age Groups Inspected (by years of birth) | No. of Pupils inspected | Physical condition of Pupils Inspected | | | |
|---------------------------------------------|-------------------------|----------------------------------------|-------------|----------------|-------------|
| | | Satisfactory | | Unsatisfactory | |
| | | No. | % of Col. 2 | No. | % of Col. 2 |
| 1954 and later | 85 | 85 | 98·82 | 1 | 1·18 |
| 1953 | 410 | 407 | 99·27 | 3 | ·73 |
| 1952 | 101 | 99 | 98·02 | 2 | 1·98 |
| 1951 | 461 | 455 | 98·7 | 6 | 1·3 |
| 1950 | 148 | 144 | 97·3 | 4 | 2·7 |
| 1949 | 20 | 18 | 90·0 | 2 | 10·0 |
| 1948 | 635 | 627 | 98·74 | 8 | 1·26 |
| 1947 | 209 | 208 | 99·52 | 1 | ·48 |
| 1946 | 3 | 3 | 100 | — | — |
| 1945 | 3 | 3 | 100 | — | — |
| 1944 | 288 | 287 | 99·65 | 1 | ·35 |
| 1943 and earlier | 326 | 322 | 98·77 | 4 | 1·23 |
| Total | 2,689 | 2,657 | 98·81 | 32 | 1·19 |

**PUPILS FOUND TO REQUIRE TREATMENT AT
PERIODIC MEDICAL INSPECTIONS
(Excluding Dental Diseases and Infestation
with Vermin)**

| Age Groups Inspected. (by year of birth) | For Defective Vision (excluding squint). | For any of the other conditions recorded | Total individual pupils. |
|---------------------------------------------|------------------------------------------|------------------------------------------|--------------------------|
| 1954 and later ... | 2 | 19 | 16 |
| 1953 ... | 8 | 62 | 63 |
| 1952 ... | 3 | 18 | 20 |
| 1951 ... | 22 | 65 | 81 |
| 1950 ... | 4 | 24 | 22 |
| 1949 ... | 1 | 2 | 3 |
| 1948 ... | 34 | 100 | 126 |
| 1947 ... | 16 | 33 | 47 |
| 1946 ... | — | — | — |
| 1945 ... | — | — | — |
| 1944 ... | 28 | 65 | 89 |
| 1943 and earlier ... | 29 | 60 | 81 |
| Total ... | 147 | 448 | 548 |

OTHER INSPECTIONS

| | |
|-----------------------------------|-----|
| Number of Special Inspections ... | 53 |
| Number of Re-inspections ... | 138 |
| | 191 |

INFESTATION WITH VERMIN

| | |
|------------------------------------------------------------------------------------------------------------------------|--------|
| Total number of individual examinations of pupils in schools by school nurses or other authorised persons | 19,930 |
| Total number of individual pupils found to be infested | 242 |
| Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) ... | Nil |
| Number of individual pupils in respect of whom cleansing orders were issued. (Section 54 (3), Education Act, 1944) ... | Nil |

DEFECTS FOUND BY MEDICAL INSPECTION

DURING THE YEAR 1958

PERIODIC INSPECTIONS

| Defect or Disease. | PERIODIC INSPECTIONS | | | | | | | |
|--------------------------|----------------------|------------------|----------------|------------------|----------------|------------------|----------------|------------------|
| | ENTRANTS | | LEAVERS | | OTHERS | | TOTAL | |
| | Treat- ment | Obser- vation | Treat- ment | Obser- vation | Treat- ment | Obser- vation | Treat- ment | Obser- vation |
| Skin ... | 20 | 16 | 12 | 10 | 37 | 49 | 69 | 75 |
| Eyes—a. Vision ... | 13 | 5 | 32 | 26 | 102 | 69 | 147 | 100 |
| b. Squint ... | 1 | 13 | — | 1 | 9 | 14 | 10 | 28 |
| c. Other ... | 2 | 4 | 2 | — | 7 | 7 | 11 | 11 |
| Ears—a. Hearing ... | 5 | 3 | 16 | 1 | 28 | 6 | 49 | 10 |
| b. Otitis Media ... | 28 | 1 | 4 | — | 28 | 1 | 60 | 2 |
| c. Other ... | 3 | — | 3 | — | 7 | 1 | 13 | 1 |
| Nose and Throat ... | 14 | 31 | 2 | 3 | 32 | 53 | 48 | 87 |
| Speech ... | 2 | 15 | 2 | 2 | 12 | 36 | 16 | 53 |
| Lymphatic Glands ... | 2 | 15 | — | 1 | 7 | 13 | 9 | 29 |
| Heart ... | — | 13 | 1 | 9 | 3 | 21 | 4 | 43 |
| Lungs ... | 11 | 6 | 6 | 3 | 24 | 10 | 41 | 19 |
| Developmental— | | | | | | | | |
| a. Hernia ... | — | 1 | 1 | — | 1 | 6 | 2 | 7 |
| b. Other ... | — | 3 | — | 1 | 1 | 3 | 1 | 7 |
| Orthopaedic— | | | | | | | | |
| a. Posture ... | 2 | 1 | 10 | 6 | 32 | 9 | 44 | 16 |
| b. Feet ... | 3 | 4 | 1 | 2 | 10 | 13 | 14 | 19 |
| c. Other ... | 8 | 19 | 6 | 4 | 25 | 37 | 39 | 60 |
| Nervous System— | | | | | | | | |
| a. Epilepsy ... | — | — | — | — | 1 | 1 | 1 | 1 |
| b. Other ... | — | 2 | — | — | 1 | 10 | 1 | 12 |
| Psychological— | | | | | | | | |
| a. Development ... | 1 | 1 | 1 | — | 8 | 6 | 10 | 7 |
| b. Stability ... | 7 | 6 | — | — | 16 | 7 | 23 | 13 |
| Abdomen ... | — | 1 | 1 | 1 | 5 | 1 | 6 | 3 |
| Other ... | 1 | 4 | 3 | 4 | 18 | 8 | 22 | 16 |

SPECIAL INSPECTIONS

| Defect or Disease | Special Inspections | |
|----------------------|----------------------------------|------------------------------------|
| | Pupils Requiring Treatment | Pupils Requiring Observation |
| Skin ... | 1 | 1 |
| Eyes— | | |
| a. Vision ... | 2 | 3 |
| b. Squint ... | — | — |
| c. Other ... | 1 | — |
| Ears— | | |
| a. Hearing ... | 1 | — |
| b. Otitis Media ... | — | — |
| c. Other ... | — | — |
| Nose and Throat ... | 2 | 2 |
| Speech ... | 1 | — |
| Lymphatic Glands ... | — | — |
| Heart ... | — | — |
| Lungs ... | — | — |
| Developmental— | | |
| a. Hernia ... | 1 | — |
| b. Other ... | — | — |
| Orthopaedic— | | |
| a. Posture ... | — | 1 |
| b. Feet ... | — | — |
| c. Other ... | — | 1 |
| Nervous System— | | |
| a. Epilepsy ... | — | — |
| b. Other ... | — | — |
| Psychological— | | |
| a. Development .. | — | — |
| b. Stability ... | 1 | — |
| Abdomen ... | — | — |
| Other ... | — | — |

**TREATMENT OF PUPILS ATTENDING MAINTAINED
AND ASSISTED PRIMARY AND SECONDARY
SCHOOLS (INCLUDING NURSERY AND SPECIAL
SCHOOLS)**

EYE DISEASES, DEFECTIVE VISION AND SQUINT

| | Number of cases known to have been dealt with |
|------------------------------------------------------------------|--------------------------------------------------|
| External and other, excluding errors of refraction and squint | — |
| Errors of Refraction (including squint) ... | 507 |
| Total ... | 507 |
| Number of pupils for whom spectacles were prescribed ... | 372 |

**DISEASES AND DEFECTS OF EAR, NOSE AND
THROAT**

| | Number of cases known to have been dealt with |
|---------------------------------------------------------------------------------------------------|--------------------------------------------------|
| Received operative treatment | |
| (a) for diseases of the ear ... | — |
| (b) for adenoids and chronic tonsillitis ... | 18 |
| (c) for other nose and throat conditions ... | — |
| Received other forms of treat- ment ... | 3 |
| Total ... | 21 |
| Total number of pupils in schools who are known to have been provided with hearing aids— | |
| (a) in 1958 ... | 1 |
| (b) in previous years ... | 4 |

ORTHOPAEDIC AND POSTURAL DEFECTS

| | No. of cases known to have been dealt with |
|---------------------------------------------------------------|-----------------------------------------------|
| Pupils treated at clinics or out- patients departments ... | 25 |
| Pupils treated at school for postural defects ... | — |
| Total ... | 25 |

DISEASES OF THE SKIN (Excluding uncleanliness)

| | Number of cases known to have been treated |
|-------------------------|-----------------------------------------------|
| Ringworm— (i) Scalp ... | — |
| (ii) Body ... | — |
| Scabies ... | — |
| Impetigo ... | — |
| Other skin diseases ... | — |
| Total ... | — |

CHILD GUIDANCE TREATMENT

| | Number of cases known to have been treated |
|---------------------------------------------------|-----------------------------------------------|
| Pupils treated at Child Guid- ance Clinics ... | 12 |

SPEECH THERAPY

| | Number of cases known to have been treated |
|----------------------------------------------|-----------------------------------------------|
| Pupils treated by speech thera- pists ... | 26 |

OTHER TREATMENT GIVEN

| | Number of cases known to have been dealt with |
|-------------------------------------------------------------------------------------|--------------------------------------------------|
| Pupils with minor ailments ... | — |
| Pupils who received convalescent treatment under School Health Service arrangements | 2 |
| Pupils who received B.C.G. vaccination ... | 238 |
| Other than above— | |
| U.V.R. Treatment ... | 22 |

TONSILLECTOMY

| Age groups inspected | Number inspected | Number found to have undergone tonsillectomy during 1958 or previously |
|--------------------------|------------------|------------------------------------------------------------------------------|
| Entrants ... | 596 | 40 |
| 7 to 8 year group ... | 629 | 64 |
| Last year primary ... | 844 | 160 |
| First year secondary ... | — | — |
| Last year secondary ... | 620 | 121 |
| Total ... | 2689 | 385 |

CONSULTANT E.N.T. SERVICE

No Consultant E.N.T. Clinic held during 1958

CONSULTANT ORTHOPAEDIC SERVICE**Consultant Clinic.**

Number of sessions held during year ... 10 (Shared with Div. 13)

| | Pre-school children | School children |
|----------------------------------------------------------------------------------------------------------------------|------------------------|--------------------|
| No. of individual patients seen by Consultant, including those continuing attendance from previous year | — | 6 |
| No of individual patients referred for opera- tive treatment as short-stay cases only ... | — | — |
| Recommended long-stay hospital school ... | — | — |
| Recommended treatment by orthopaedic nurse or physiotherapist :— | | |
| (a) at treatment centres | — | — |
| (b) domiciliary | — | — |
| No. of children who obtained operative treat- ment during year | — | — |
| Total number of attendances at consultant clinic | — | 7 |

PAEDIATRIC SERVICE**Consultant Clinics.**

Number of sessions held during year 10

| | Pre-school children | School children |
|-----------------------------------------------------|------------------------|--------------------|
| Number of individual patients seen :— | | |
| (a) new cases | 8 | 16 |
| (b) cases attending from previous year(s) | 10 | 21 |
| Total number of attendances at clinics ... | 40 | 66 |

MEDICAL EXAMINATION OF ENTRANTS TO TRAINING COLLEGES

| | | |
|-------------------------------------------------|-----|----|
| No. of examinations carried out during the year | ... | 14 |
|-------------------------------------------------|-----|----|

CHILDREN AND YOUNG PERSONS ACT, 1933 EMPLOYMENT OF CHILDREN

Number of children examined during the year in
connection with applications:—

| | | |
|-----------------------------------------------|--------|-----|
| (a) for employment (including entertainments) | | 81 |
| (b) No. of (a) found unfit ... | | Nil |

PAEDIATRIC SERVICE

Summary of type of defect for which referred

| | | | | | School Pre- | School |
|------------------------|-----|-----|-----|-----|----------------|--------|
| Cardiac | ... | ... | ... | ... | 2 | 9 |
| Hydrocephalus | ... | ... | ... | ... | 1 | — |
| Otitis Media | ... | ... | ... | ... | 1 | — |
| Respiratory | ... | ... | ... | ... | 2 | 8 |
| Mental Retardation | ... | ... | ... | ... | 2 | — |
| Growth and Development | ... | ... | ... | ... | 4 | 2 |
| Orthopaedic | ... | ... | ... | ... | 3 | 3 |
| Constipation | ... | ... | ... | ... | 2 | — |
| Insomnia | ... | ... | ... | ... | 1 | — |
| Athetosis | ... | ... | ... | ... | — | 1 |
| Nervous System | ... | ... | ... | ... | — | 5 |
| Eneuresis | ... | ... | ... | ... | — | 4 |
| Oesophageal Ulcer | ... | ... | ... | ... | — | 1 |
| Headaches | ... | ... | ... | ... | — | 1 |
| Undescended Testicle | ... | ... | ... | ... | — | 1 |
| Obesity | ... | ... | ... | ... | — | 1 |
| General Debility | ... | ... | ... | ... | — | 1 |

SPEECH THERAPY

| | | | | |
|----|------------------------------------------------------------------------|-----|-----|----|
| 1. | Total number of sessions held during year | ... | ... | 35 |
| 2. | (a) No. of new cases treated during year... | | ... | 9 |
| | (b) No. of cases already attending for treatment from previous year | ... | ... | 17 |
| | (c) Total number of cases treated (a plus b) | | ... | 26 |
| 3. | No. of cases awaiting treatment at end of year | ... | | 5 |
| 4. | No. of visits made to schools | ... | ... | — |
| 5. | No. of home visits | ... | ... | — |

Analysis of Cases treated during the year :—

| | Boys | Girls |
|-----------------------------------------|------|-------|
| 1. Stammering | 6 | 1 |
| 2. Defects of articulation— | | |
| (a) Dyslalia | 7 | 4 |
| (b) Sigmatism | 1 | — |
| (c) Rhinolalia, due to— | | |
| (i) Cleft Palate | 1 | 1 |
| (ii) Nasal obstruction | — | — |
| (d) Dysarthria | — | — |
| 3. Aphasia | — | — |
| 4. Defective speech due to— | | |
| (i) Educational sub-normality | — | 1 |
| (ii) Deafness | — | — |
| 5. Retarded speech development | 3 | 1 |
| 6. Dysphonia | — | — |
| 7. Other defects | — | — |
| Analysis of Cases discharged :— | | |
| No. of children discharged during year— | | |
| 1. Speech normal | — | — |
| 2. Speech improved | — | 1 |
| 3. Unsuitable for treatment | 1 | — |
| 4. Non-co-operation | 1 | 1 |
| 5. Left school | 2 | — |
| 6. Left district | — | — |
| 7. Other reasons (specify(— | | |
| Admitted to Special School | — | 1 |

ULTRA VIOLET LIGHT TREATMENT

| | Pre-School children | School children |
|-----------------------------------------------|------------------------|--------------------|
| No. of sessions held during year | 234 | |
| No. of children treated during year | 36 | 22 |
| Total No. of attendances ... | 619 | 512 |

VACCINATION AND IMMUNISATION

Overshadowing everything else in this field of endeavour has been the campaign for protection against poliomyelitis. At long last, after many unavoidable delays, we were really able to get down to brass tacks in 1958, and it is with considerable satisfaction that I refer you to the Table giving the figures of our first full year's work in this field. The total number of injections given has reached a very high figure indeed. Particularly gratifying is the percentage response amongst the under 15 population. Every endeavour will be made to maintain, and if possible, improve on this in future years. Towards the end of the year the scheme was extended to cover other groups. These include young persons up to the age of 25 years, expectant mothers and some members of the general population held to be at special risk. With improved supplies of vaccine likely to become available, one can envisage a time in the not too distant future when protection can be offered to any member of the population wishing to avail himself of it.

Up to date there have been no reports of untoward after effects, either local or general. The present method is to give two injections at one month's interval, followed by a third after a lapse of about 7 months. This has been found to give a very high level of protection. American experience has given most encouraging results, and there is no reason to suppose that an equally satisfactory outcome will not be achieved in this Country.

Owing to the immense enthusiasm of all members of the Health Division staff, this enormous volume of work was carried out without any dislocation of the normal programme, nor was it necessary, as has been the case in some areas, to engage special additional teams of doctors, nurses or clerical workers. I feel that this fact is worthy of special comment and reflects very great credit on the industry and enthusiasm of the many members of my staff who have been intimately concerned with this campaign.

It is gratifying, too, to record the great enthusiasm shown by the General Practitioners in your area. They have shown tremendous energy and at times we have been hard put to it to meet their need for supplies of vaccine. However, with mutual good will and forbearance, I feel that I can say with truth that everybody's needs have ultimately been met and that no dissatisfaction has arisen as a result of the allocation of the, at times, inadequate supplies of vaccine forthcoming.

It might have been expected that the routine procedures of vaccination and immunisation against smallpox, diphtheria and whooping cough would suffer. Not a bit of it. These schemes have carried on absolutely as usual and the figures published in this report show that there has been virtually no alteration from previous years. In common with the rest of the Country there tends to be a slow but steady fall in the percentage of children protected against Diphtheria. This is understandable as no case of Diphtheria has occurred in your area for many years. It will be foolish, however, to regard ourselves as immune without constant vigilance and exertion. An optimum percentage of 75 per cent. of the child population immunised against Diphtheria is the target aimed at. In this field, the Health Visitor is the most important worker. All are fully aware of the need for vigorous campaigning and all are doing their best to bring home to parents the truth of the adage that "the price of safety is eternal vigilance."

Whooping Cough immunisation has now been carried out for a long enough period of time to give a clear picture of its efficacy. Once again I would point out to you that, of the 42 cases of Whooping Cough notified during the year none had completed a full course of immunisation. The number of children thus protected is running at a little over 50 per cent. of the infant population. This is good, but one would like to see it better still. Whooping Cough

is a very dreadful illness, often mortal to infants under one year of age, and always productive of severe debilitation, and, not infrequently, permanent lung damage leading to chronic chest trouble in later years.

The figures relating to Smallpox Vaccination must be considered as very satisfactory indeed if the Country as a whole be taken as a comparison. The chief value of primary vaccination in infancy is, apart from the immediate protection it affords, the fact that re-vaccination in the event of an outbreak of the disease, becomes, to the already vaccinated person, a matter of small inconvenience and virtually no risk. As against this fact, primary vaccination in the adolescent or older person always carries some element of risk and at best frequently gives rise to some discomfort and temporary disability. The present technique of primary vaccination is simple, painless and productive of no scarring.

B.C.G. vaccination was continued as in former years and apart from contacts, was confined to children of the 13 year old group. In the light of experience it has now been decided to extend the scheme and more groups will be able to avail themselves of B.C.G. vaccination in future years.

In your own area, the response was reasonably satisfactory and no ill effects whatever have been reported. There is a strong concensus of opinion as to the great value of B.C.G. vaccination in protecting the adolescent against the overwhelming attack of tuberculosis which, in former years, wreaked such havoc amongst certain young adults.

A comparatiely recent innovation is the inclusion of protection against tetanus (lockjaw). A triple vaccine, including protection against Diphtheria, Whooping Cough and Lockjaw, is now available and in use. One looks forward to the day when protection against a number of diseases can be given in a "cocktail" injection, thus reducing the number of times a child needs to be injected. It is important to hasten slowly and not to abandon well tried methods in an effort to reach an easy panacea. Irksome though slow progress may seem, it is important to remember that, in dealing with human beings, the utmost care and most meticulous precautions must be taken to ensure absolute safety, and the avoidance of any incident which might diminish public acceptance.

VACCINATION AGAINST POLIOMYELITIS

Vaccination during 1958

| CLASS | Number vaccinated with two injections during the year ended 31st. December, 1958 |
|-------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Children born in the years 1943—1958 | 4,394 |
| Young persons born in the years 1933—1944 | 114 |
| Expectant Mothers | 116 |
| General Practitioners and their families | 15 |
| Ambulance Staff and their families | 21 |
| TOTAL | 4,660 |

In addition to the above, 126 c.cs of vaccine were issued for vaccination of Hospital Staff.

Total number of persons who had received two injections at 31st December, 1958:—

| | |
|--------------------------|-------|
| Children | 6,160 |
| Others | 267 |
| Total | 6,427 |

Number of persons who had received one injection only at 31st December, 1958:—

| | |
|--------------------------|-------|
| Children | 704 |
| Young persons ... | 398 |
| Expectant Mothers | 17 |
| Others | 13 |
| Total | 1,132 |

Number of persons who had received three injections at 31st December, 1958:—

| | |
|--------------------------|-------|
| Children | 1,048 |
| Others | 16 |
| Total | 1,064 |

DIPHTHERIA IMMUNISATION

Immunisation carried out during the year

| | Age at final injection | | | |
|-----------------------------------------------------------------------------------------------------------------------------|------------------------|-------|--------|-------|
| | Under 1 | 1 — 4 | 5 — 14 | Total |
| No. of children who completed a full course of primary immunisation (including temporary residents) ... | 433 | 109 | 32 | 571 |
| Total number of children who were given a secondary or re-inforcing injection (i.e. subsequent to complete full course) ... | — | 14 | 269 | 283 |

Immunisation in relation to Child Population

| Age at 31.12.58 i.e. Born in Year | Under 1 1958 | 1—4 1957-1954 | 5—9 1953-1949 | 10—14 1948-1944 | under 15 Total |
|-----------------------------------------------------------------|-----------------|------------------|------------------|--------------------|-------------------|
| Last complete course of injections (whether primary or booster) | | | | | |
| 1954—1958 ... | 140 | 1,671 | 1,774 | 2,330 | 5,915 |
| 1953 or earlier | — | — | 1,315 | 1,403 | 2,718 |

No case of Diphtheria occurred in the Division during the year.

WHOOPING COUGH IMMUNISATION

Immunisation carried out during the year

| Age at Final injection | | | | Number of children who completed a full course of immunisation (including temporary residents) |
|------------------------|-----|-----|-----|------------------------------------------------------------------------------------------------------|
| Under 6 months | ... | ... | ... | 67 |
| 6 months to one year | ... | ... | ... | 325 |
| 1—2 years | ... | ... | ... | 40 |
| 2—3 years | ... | ... | ... | 13 |
| 3—4 years | ... | ... | ... | 15 |
| Total | | | | 460 |

Immunisation in relation to Child Population

| Age at 31.12.58 i.e. born in year :— | Under 1 1958 | 1 to 4 1957—1954 | 5 to 9 1953—1949 | 10 to 14 1948—1944 | Under 15 Total |
|-----------------------------------------|-----------------|---------------------|---------------------|-----------------------|-------------------|
| Number immunised ... | 133 | 1,592 | 903 | 25 | 2,653 |

Whooping Cough notifications and Deaths in relation to Immunisation during the year

42 Cases of Whooping Cough were notified during the year, none of which had completed a full course of immunisation.

No death occurred from Whooping Cough in the Division during the year.

VACCINATION AGAINST SMALLPOX

Number of Persons vaccinated or re-vaccinated
during the year

| Age at Date of Vaccination | Under 1 | 1 year | 2 to 4 | 5 to 14 | 15 or over | Total |
|----------------------------|------------|-----------|--------|---------|---------------|-------|
| Number Vaccinated ... | 370 | 8 | 11 | 6 | 17 | 412 |
| Number Re-Vaccinated ... | 1 | — | 2 | 3 | 20 | 26 |

IMMUNISATION AGAINST TETANUS

Immunisation carried during the year

| Age at final injection | Number of children who received protection against tetanus (including temporary residents) |
|------------------------|--------------------------------------------------------------------------------------------------|
| Under 6 months ... | 6 |
| 6 months to 1 year ... | 18 |
| 1 — 2 years ... | 5 |
| 2 — 3 years ... | 1 |
| 3 — 4 years ... | 1 |
| Over 4 years ... | 1 |
| Total ... | 32 |

B.C.G. VACCINATION OF 13-YEAR OLD SCHOOL CHILDREN

| | |
|-------------------------------------------------------------------------------------------------------------------|---|
| 1. No. of medical officers (including Divisional Medical Officer) approved to undertake B.C.G. Vaccination | 3 |
|-------------------------------------------------------------------------------------------------------------------|---|

Acceptances

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------|-------|
| (a) No. of 13-year old children eligible during the year | 583 |
| (b) No. of (a) offered tuberculin testing and vaccination if necessary, whether the offer was made during the year or previously | 583 |
| (c) No. of (b) found to have been vaccinated previously | — |
| (d) No. of acceptances | 339 |
| (e) Percentage of acceptances, i.e., (d) to (b) — (c) ... | 58.15 |

Pre-Vaccination Tuberculin test

| | |
|-----------------------------------|-----------|
| (a) No. of children tested | 320 |
| (b) Result of test— | |
| (i) Positive | 59 |
| (ii) Negative | 258 |
| (iii) Not ascertained | 3 |
| | ——— |
| | TOTAL 320 |
| | ——— |
| (c) Percentage positive | 18.61 |

Vaccination

| | |
|-----------------------|-----|
| No. vaccinated | 238 |
|-----------------------|-----|

Tuberculin test twelve months after vaccination

| | |
|--------------------------------------------------|-----------|
| (a) No. vaccinated in 1957 | 273 |
| (b) No. tuberculin tested after 12 months | 219 |
| (c) Result of test— | |
| (i) Positive | 144 |
| (ii) Negative | 58 |
| (iii) Not ascertained | 17 |
| | ——— |
| | TOTAL 219 |
| | ——— |

B.C.G. VACCINATION—CONTACT SCHEME

Details of B.C.G. Vaccination of Contacts during the year 1958

[illegible]

DOMESTIC HELPS

Authorised Divisional Allocation.

| | | | | |
|------------------------------------------------|-----|-----|-----|------------------------------------------|
| (i) Basic | ... | ... | ... | 23 |
| (iv) From Reserve Pool (Average over the year) | ... | ... | ... | $\frac{1}{4}$ |
| Total | ... | ... | ... | <u><u>23$\frac{1}{4}$</u></u> |

Number of Domestic Helps employed at 31st December, 1958—

| | | | | |
|----------------|-----|-----|-----|------------------|
| (i) Whole-time | ... | ... | ... | — |
| (ii) Part-time | ... | ... | ... | 62 |
| Total | ... | ... | ... | <u><u>62</u></u> |

Cases provided with Domestic Help during year ended 31st December, 1958—

| | No. of Cases | Hours employed |
|---------------------------------------------|--------------|----------------|
| (i) Maternity (including expectant mothers) | 33 | 1,536 |
| (ii) Tuberculosis | 2 | 159 |
| (iii) Chronic sick (a) aged 65 & over | 260 | 45,396 |
| (b) under 65 years | 23 | 3,448 |
| (iv) Others | 11 | 1,232 |
| Total | 329 | 51,771 |

Employment :—

| | | | | |
|-----------------------------------------------------------------------------------------------------------------|---|------------------------------------------------------------|---|-------|
| Total No. of hours of all home helps employed between 1st Jan. and 31st Dec., 1958 ÷ 2288 (52 weeks x 44 hours) | = | No. of home helps that could have been employed full time. | = | 22.63 |
|-----------------------------------------------------------------------------------------------------------------|---|------------------------------------------------------------|---|-------|

LOCAL HEALTH AUTHORITY CLINIC SERVICES IN THE ROTHWELL URBAN DISTRICT

It would be hypocritical to pretend that the types of premises available for local clinics are in any way ideal. The fact that most of them are in use for only one half day a week, makes the provision of special premises quite impracticable. Thus, traditionally, we are driven to use Welfare Halls, Chapel schoolrooms, etc., etc. Increasingly in recent years, financial and staffing difficulties have assailed the Trustees of such premises, with the result that complaints arise from time to time regarding heating, cleanliness, etc. Every effort is made to minimise these difficulties but, on occasion, conditions become temporarily quite unsatisfactory. The Local Health Authority are acutely aware of this difficulty and are doing their best to ensure the highest possible reasonable standards of provision.

In your own area, little change has occurred during the year. The most pressing need is for alternative premises at Methley. The existing clinic, although it has fulfilled a "stopgap" function, is dilapidating at an alarming rate. Fortunately a ray of hope is penetrating the gloom. Reorganisation of the schools will, we hope, make available to us the use of alternate premises in the not too distant future. Needless to say, every effort is being made to ensure a satisfactory and acceptable outcome.

It is impossible to over-estimate the value of the Central Clinic at Rothwell. This is in full and daily use and is ideal for its purpose. I never fail to give thanks for the enterprise and foresight of those Public Health pioneers in your District who made available such an excellent building. Those who still survive can rest assured that their efforts have reaped an ample reward in service to the community. It is a great tribute that even in this day, the Clinic is able adequately to meet all demands and is very well up to the standard of buildings of a similar nature at present being erected in various parts of the Country.

Attendance at the clinics has been well maintained. The emphasis in Maternity and Child Welfare is increasingly being placed on educational, rather than clinical services. Over the years there has been an obvious and marked improvement in the general standards of maternal

efficiency and care. There are, however, problems common to all young mothers in the tackling of which they greatly appreciate the advice and experience which the Health Visitors and Doctors can contribute. In my opinion, there continues a need which, although not so acute as formerly, is still real and the filling of which is a vital function of Local Health Authority provision.

Attendance at Ante-Natal Clinics has been maintained at the level of recent years. In all cases liaison with general practitioners and hospitals has remained good and friendly. Routine blood tests are carried out on behalf of general practitioners at their request, and this service saves them a considerable amount of work, whilst giving the Nursing Staff of the clinics an opportunity to meet and to get to know mothers with whom they will be concerned after the birth of the child.

Relaxation classes are held at Rothwell and are greatly appreciated by those in attendance.

The Ultra Violet Light Clinics continue and are constantly well attended.

DOMICILIARY NURSING SERVICES

Health Visiting.—A slow but steady change has been taking place in recent years. Formerly, the Health Visitor was concerned primarily with the mother and young infant. She now, to a greater extent than ever before, is the friend and adviser of the family as a unit. In addition, she is increasingly called into consultation in dealing with the problems of the aged. This has resulted in a widening of her horizon and, in my opinion, makes her an even more useful and valued social worker in the fullest and widest sense.

At the time of writing, this branch of domiciliary nursing is almost fully staffed, and we are fortunate in retaining the services of a conscientious and enthusiastic group of workers. In recent years, greatly improved relationships have existed between members of the Health Visiting Staff and General Practitioners in the area. Personal contacts are made and co-operation established in dealing with particular problems which arise. Much of the value of a Health Visitor's work lies in her relationships with medical colleagues and in this particular respect I feel satisfied and optimistic.

Home Nursing.—There have been one or two recent changes in staff, but the Home Nursing Service is at full strength and carrying out its duties with very great satisfaction to all concerned. No difficulties have arisen and relationships with patients and doctors have been of the very best.

Midwifery Service.—I am glad to be able to report that there has been a very considerable improvement over the rather gloomy picture which I painted last year. In the first place, the expected catastrophic diminution of beds for Institutional maternity cases has not been nearly so pronounced as was feared. During 1958, approximately half of all births occurred in Maternity Homes or Hospitals. In addition, by great good fortune, we have been able to obtain the services of one very competent and experienced midwife, with the promise (subsequently fulfilled), of the recruitment of two further midwives. Thus, at the time of writing, the Service is staffed with an adequate number of midwives, all having motor transport and being conveniently situated throughout the area. However, we are still without the services of a Relief Midwife and this does give rise to certain difficulties.

It would be churlish of me not to pay tribute to the ungrudging services which the depleted staff have always given. I am very well aware of the difficulties which have faced them and I am very appreciative of the way in which they have risen to meet those difficulties. In this field too, relationships with general practitioners and with Hospitals have remained extremely good.

Home Help Service.—This very necessary Service has continued as before and is a most complex one to administer. There has been little evidence of abuse and the vast bulk of the work has been done in the homes of the old or indigent, having no relatives or friends available to look after them. In no way have my views changed on this matter. In my opinion, it is essential that old folks should be kept at home whenever possible. They are the happiest in their own surroundings, with familiar homes and neighbours.

A ceiling of working hours must, inevitably, be laid down, but within this limit all reasonable demands are met and every effort is made to share out, as fairly as possible, the available helpers. When it is noted that no fewer than 62 part time Home Helps are employed who, in their turn, customarily look after an average of 212 patients, you will realise that the administration of this scheme is something of a jigsaw puzzle. Very considerable clerical work is involved and no small credit is due to the administrative staff who are responsible for this section of the work.

The Home Help Service is here to stay and I think none would dispute its value.

CONSULTANT CLINICS

During the year, Dr. Kirkwood was replaced as Ophthalmic Medical Officer by Dr. J. L. Wood, but there was no break in the service and conditions remain as satisfactory as formerly. There is no delay in the provision of glasses where these become necessary.

Dr. Pickup still attends monthly at the Paediatric Consultant Clinic and continues to be a tower of strength in all cases needing Specialist advice or treatment.

The position relating to Ear, Nose and Throat treatment is still completely satisfactory and there are no delays.

In the realm of Speech Therapy, an appointment was made towards the end of the year and this rather neglected service was renewed and the backlog of work, to some extent, reduced. There is hope that the proposed establishment laid down by the County Council will be completely attained in the near future. This should ensure reasonable continuity and an adequate amount of available time.

The services of Dr. Leese as County Psychiatrist still continue to be available. There has been a considerable increase in the demand for her services and some delay is inevitable. However, cases urgently needing immediate interview are given the priority which they merit.

At the time of writing, the Mental Health Bill is going through the Committee stage and it is possible to foresee the shape of things to come. It is obvious that a greatly increased responsibility will be placed on the Local Health Authority and that much more work will fall to the lot of Mental Health Social Workers and, when obtainable, Psychiatric Social Workers. The matter is receiving urgent consideration by the County Council and every effort is being made to ensure that adequate provision will be available.

In addition, an Occupation Centre, to accommodate approximately 70, is proposed to be sited in this Division. It seems likely that it will be established in the centre of your own Urban District. It is intended to cater for persons suffering from mental defects, of all ages, and to provide training and occupational therapy. It will be non-residential and patients will attend each day from their own homes.

AMBULANCE SERVICE

This has now got fully into its stride. No hitch nor complaint has arisen during the year. All demands are met with courtesy and promptness and the happiest relationship continues to exist. There is continuing evidence that abuse of this service is now a rarity.

LABORATORY FACILITIES

The Medical Research Laboratory at Wakefield has continued to be most helpful. Dr. Little and his staff are keen and interested, and never fail to respond to all demands made upon their services. For our part, we endeavour only to approach them when something is really necessary, and to avoid anything in the nature of frivolous requests.

MILK AND FOOD SAMPLES

There has been no change during the year. The County Analyst at Halifax still acts on our behalf and Milk and Food samples have been sent to him throughout the year.

Chemical samples of water are, as formerly, sent to the Leeds City Analyst, and the bacteriological examination of water is undertaken by the Medical Research Laboratory at Wakefield. In all instances, a completely satisfactory service has been forthcoming.

HOSPITAL PROVISION IN THE AREA

I am glad to say that the number of available institutional beds has remained virtually unchanged during 1958. I know that Maternity Hospitals are going through a trying time in relation to the availability of trained staff. This has inevitably resulted in certain difficulties and women are regularly being discharged home relatively early in the lying-in period. This cannot be avoided and our domiciliary midwifery staff has been able to cope. I would like to take this opportunity of acknowledging the courtesy and kindness of the Morley Health Division who have been good enough to continue to make available to us a small number of beds from their own allocation. In addition, Staincliffe Hospital has been good enough, from time to time, to take cases which have arisen as a matter of sudden acute social urgency. Thus, the vast majority of cases really needing institutional accommodation have been satisfactorily catered for.

It is, however, unfortunate, that, although the Hospital Service is now held to be run on a regional, rather than on a local, basis, there should be such a wide discrepancy in different parts of the County. Thus, in some areas up to 80 per cent. of all normal confinements take place in Maternity Homes. The present percentage in this area is somewhere in the region of 50. Local Government boundaries are observed and normal obstetric cases from your area are debarred from admission to any Maternity Unit in Leeds. I place this on record, not in any querulous way, but merely with the object of pointing out what I consider to be an anomalous circumstance.

Seacroft Hospital, to which the majority of Infectious Disease from your area is admitted, has continued to be a tower of strength. In spite of their own staffing troubles, they have never refused admission to any case. In addition, no Hospital is more meticulous in making available all information relating to patients, their admission, discharge and ultimate diagnosis. I greatly value the services thus available and freely acknowledge the very great debt which your District owes to Dr. Benn and to his staff of doctors and nurses.

Snapethorpe Hospital still continues to admit one or two cases and here again the highest standards of co-operation and treatment are maintained.

General Hospitals.—In the field of acute medicine and surgery we are very fortunate in our proximity to a large teaching centre. I think none would dispute the contention that people living in your area have available to them services not excelled anywhere in the Country. No difficulties arise and all needs are adequately met.

Pinderfields Hospital at Wakefield still continues to admit orthopaedic, industrial accident, and convalescent poliomyelitis cases. Here again, information is readily available and full discharge information is always provided. Thus we are able to continue the supervision and care so necessary in these long term conditions, and the information so freely forthcoming is greatly appreciated.

In the realm of chronic sick accommodation, the liaison system set up some years ago, is still in operation. Though at first sceptical of its value, I am now convinced that it is a worth while scheme. One Health Visitor is appointed and maintains the closest personal touch with the Geriatric Consultant at Pontefract. Thus, all our cases seeking admission are given personal and sympathetic consideration. In the field of geriatric work, increasing emphasis is being placed on rehabilitation. Elderly people suffering from chronic illness or disability, who formerly might have been condemned to spend the remainder of their lives in a Hospital Ward, are often, as a result of the new approach and improved treatments and techniques, able to return to their own homes after a period of recuperation in a Hospital. This is important both from the point of view of their happiness and wellbeing, and also from the fact that the beds thus liberated can be far more usefully employed, and a much more rapid turn-over of cases achieved.

Dr. Rosenthal, the Geriatric Consultant, is a most interested and enthusiastic doctor, who is keen and unflagging, and the chronic sick in your area owe him a considerable debt of gratitude.

In the geriatric field too, I would like to repeat the comments I made in relation to Maternity Homes. It seems ridiculous that no patient from your area can be admitted to St. George's or The Haigh Hospital. The only access to chronic sick beds is at the Headlands, Pontefract, or, for a small number of patients, the Wakefield General Hospital. There is no doubt that visiting is thus made a very difficult matter, and it is undoubtedly true that some

hardship arises. I agree that my comments are dictated only on the basis of local interest. There are, no doubt, over-riding regional reasons why this state of affairs exists. Nevertheless, I find it difficult to comprehend.

So far as Part III accommodation is concerned, there still exists a no man's land between "chronic sick" and "Welfare" needs. One understands fully the many difficulties involved and I would like to place on record my appreciation of the ready co-operation which has been offered to us by the staffs of the County Welfare Officer. Many difficult cases have been successfully dealt with during the year, and some really knotty problems have been satisfactorily solved.

To sum up, with the exceptions I have already stressed, Hospital provision in your area can be regarded as adequate and satisfactory.

PREVALENCE AND CONTROL OF INFECTIOUS DISEASE IN THE ROTHWELL URBAN DISTRICT

One of the more satisfactory circumstances of recent years has been the continued absence of major epidemics of notifiable infectious disease. Sporadic cases of very mild Scarlet Fever still occur, but only gave rise to 16 notifications during 1958. The disease continues extremely mild and, indeed, there have been suggestions from some sources that notification is no longer justifiable. My own view is that it will be wise to keep in being the existing mechanism of ascertainment. It may be that the present very mild nature of the disease is only a transitory phenomenon. I feel that we should not lightly abandon notification. It is possible that in a few years the disease will again alter in type. Notification is a very potent weapon in the armoury of Public Health.

7 cases of Poliomyelitis were notified, but fortunately none proved fatal. Of the 7 cases, only 2 were "paralytic." It is early yet to evaluate the results hoped for from immunisation. Suffice it to say, at this juncture, that evidence from North America is very encouraging.

Diphtheria continued absent from the community, and no case was notified.

There were relatively few cases of whooping cough notified, and as already stated, of these none had been immunised.

No notification of food poisoning was received, and this is an extremely satisfactory state of affairs reflecting considerable credit on the standards of hygiene and food handling in your community.

For the rest, out of a total of 41 cases admitted to Infectious Diseases Hospitals, 18 were admitted for "Observation." The over all position must be regarded as very satisfactory.

Venereal Diseases.—Although the incidence of Venereal Disease continues negligible, there is some room for disquiet. Reports from some areas indicate an upward trend in the incidence of V.D. This is attributed to the growth of resistant strains of germs which no longer succumb to the administration of penicillin or of related anti-biotic drugs. Every effort is made by the responsible authorities to ensure that cases are satisfactorily treated and at present there is no problem in this area.

Infestations.—Apart from the usual small scattering of infested heads amongst certain small groups of school children, there was no incidence of infestation in your area. All the cases coming to light were cleaned up easily and satisfactorily. The standards of cleanliness of school children continue very high indeed.

One family were brought to our notice as suffering from Scabies. Here again, treatment quickly cleared up the condition and there has been no relapse.

Cases of Notified Infectious Diseases in Age Groups (Excluding Tuberculosis).

| Disease. | Under 1 year | | 1 - 3 years | | 3 - 5 years | | 5 - 10 years | | 10 - 15 years | | 15 - 25 years | | 25 - 45 years | | 45 - 65 years | | over 65 years | | Totals | |
|---------------------------------------|--------------|----|-------------|----|-------------|----|--------------|----|---------------|----|---------------|----|---------------|----|---------------|----|---------------|----|--------|----|
| | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F |
| Smallpox .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| Scarlet Fever .. | .. | .. | 1 | 1 | 1 | 1 | 2 | 6 | 2 | 2 | .. | .. | .. | .. | .. | .. | .. | .. | 6 | 10 |
| Diphtheria .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| Enteric Fever (including Paratyphoid) | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| Pneumonia .. | 2 | 1 | .. | .. | 1 | 1 | 1 | 2 | .. | 1 | .. | .. | 1 | .. | 4 | 2 | 3 | 2 | 12 | 9 |
| Puerperal Pyrexia .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| Acute Anterior Poliomyelitis .. | 1 | .. | .. | .. | 3 | .. | 1 | .. | .. | .. | .. | 2 | .. | .. | .. | .. | .. | .. | 5 | 2 |
| Acute Anterior Encephalitis .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 1 | .. | .. | .. | 1 |
| Meningococcal infection .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| Ophthalmia Neonatorum .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| Erysipelas .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 1 | .. | .. | 6 | 4 | .. | 3 | 6 | 8 |
| Whooping Cough .. | .. | 1 | 2 | 1 | 2 | 2 | 4 | 1 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 8 | 5 |
| Measles .. | 2 | 1 | 6 | 8 | 6 | 1 | 7 | 3 | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | 21 | 13 |
| Sonné Dysentery .. | 1 | .. | .. | 2 | 1 | .. | 2 | .. | .. | .. | .. | .. | 1 | 1 | .. | .. | .. | .. | 5 | 3 |
| Food Poisoning .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. | .. |
| Totals .. | 6 | 3 | 9 | 12 | 14 | 5 | 17 | 12 | 2 | 3 | .. | 3 | 2 | 1 | 10 | 7 | 3 | 5 | 63 | 51 |

**Cases of Notified Infectious Diseases (Excluding
Tuberculosis) admitted to Hospital.**

| Disease. | No. Notified | No. admitted to Hospital |
|----------------------------------------------------|--------------|-----------------------------|
| Smallpox | — | — |
| Scarlet Fever | 16 | 7 |
| Diphtheria | — | — |
| Enteric Fever (incl. Paratyphoid) ... | — | — |
| Pneumonia | 21 | 7 |
| Puerperal Pyrexia | — | — |
| Acute Anterior Poliomyelitis ... | 7 | 7 |
| Acute Anterior Encephalitis ... | 1 | — |
| Meningococcal Infection | — | — |
| Ophthalmia Neonatorum | — | — |
| Erysipelas | 14 | — |
| Whooping Cough | 13 | — |
| Measles | 34 | 1 |
| Sonné Dysentery | 8 | 1 |
| Food Poisoning | — | — |
| Observation | 18 | 18 |
| Totals | 132 | 41 |

TUBERCULOSIS

A glance at the table will confirm that the picture, as far as numerical incidence goes, is virtually unchanged. Again there were two deaths from pulmonary tubercle and there were 12 new cases. These numbers are very similar to those recorded during recent years. There is, however, a continuing feeling of optimism. Far more cases recover completely than formerly and the duration of treatment is tending to become shorter. Continued use of miniature mass radiography is making early diagnosis possible in many cases. A further newly introduced preventive measure is the extension of the age groups to whom B.C.G. vaccination is to be offered. The general concensus of opinion is that tuberculosis as a prevalent disease is on its way out. No case of pulmonary tuberculosis needed to be given housing priority during the year, and I continue my policy of restraint in seeking the help of the House Letting Committee. It is, however, nice to know that any approach is invariably met with courtesy and sympathy.

Tribute is once more due to the medical and nursing staffs of the Chest Clinics at Leeds and Wakefield. They are invariably co-operative and courteous and all necessary information is readily forthcoming.

TUBERCULOSIS.

Record of Cases during the year 1958

| | Pulmonary | | Non-Pulmonary | |
|-------------------------------------------------------------------|-----------|----|---------------|---|
| | M | F | M | F |
| No. of cases on Register at beginning of year | 53 | 57 | 13 | 3 |
| No. of cases notified for first time during year | 8 | 4 | — | — |
| No. of cases restored to Register ... | 1 | — | — | — |
| No. of cases added to Register otherwise than by notification ... | 1 | 1 | — | — |
| No. removed to other districts ... | — | 2 | — | — |
| No. Recovered ... | 7 | 9 | — | 1 |
| No. died from the Disease ... | 2 | — | — | — |
| No. died from other causes ... | — | — | — | — |
| No. Removed from Register:— | | | | |
| Revised diagnosis ... | 1 | — | — | — |
| No. of cases on Register at end of year ... | 53 | 51 | 13 | 2 |

New Cases and Mortality during 1958

| Age Periods | New Cases | | | | Deaths | | | |
|-------------------|-----------|---|---------------|---|-----------|---|---------------|---|
| | Pulmonary | | Non-Pulmonary | | Pulmonary | | Non-Pulmonary | |
| | M | F | M | F | M | F | M | F |
| 0—1 year ... | — | — | — | — | — | — | — | — |
| 1—5 years ... | — | — | — | — | — | — | — | — |
| 5—10 „ ... | — | — | — | — | — | — | — | — |
| 10—15 „ ... | — | — | — | — | — | — | — | — |
| 15—20 „ ... | 2 | 2 | — | — | — | — | — | — |
| 20—25 „ ... | 1 | 1 | — | — | — | — | — | — |
| 25—35 „ ... | — | 1 | — | — | — | — | — | — |
| 35—45 „ ... | — | — | — | — | — | — | — | — |
| 45—55 „ ... | 1 | — | — | — | — | — | — | — |
| 55—65 „ ... | 2 | — | — | — | 1 | — | — | — |
| Over 65 years ... | 2 | — | — | — | 1 | — | — | — |
| Age unknown ... | — | — | — | — | — | — | — | — |
| Totals ... | 8 | 4 | — | — | 2 | — | — | — |

TUBERCULOSIS

New Cases and Deaths since 1939

| Year | | | New Cases | | Deaths | |
|------|-----|-----|-----------|---------------|-----------|---------------|
| | | | Pulmonary | Non-Pulmonary | Pulmonary | Non-Pulmonary |
| 1939 | ... | ... | 24 | 11 | 10 | 4 |
| 1940 | ... | ... | 19 | 3 | 11 | 1 |
| 1941 | ... | ... | 22 | 12 | 10 | 2 |
| 1942 | ... | ... | 23 | 4 | 11 | 4 |
| 1943 | ... | ... | 24 | 7 | 9 | — |
| 1944 | ... | ... | 21 | 10 | 12 | 2 |
| 1945 | ... | ... | 21 | 5 | 11 | 1 |
| 1946 | ... | ... | 28 | 9 | 7 | 3 |
| 1947 | ... | ... | 16 | 5 | 8 | — |
| 1948 | ... | ... | 22 | 3 | 11 | 2 |
| 1949 | ... | ... | 25 | 2 | 11 | 2 |
| 1950 | ... | ... | 27 | 3 | 5 | 2 |
| 1951 | ... | ... | 18 | 3 | 8 | 1 |
| 1952 | ... | ... | 18 | 1 | 3 | 1 |
| 1953 | ... | ... | 15 | — | 4 | — |
| 1954 | ... | ... | 11 | 5 | 1 | — |
| 1955 | ... | ... | 9 | 1 | 2 | — |
| 1956 | ... | ... | 12 | — | 1 | — |
| 1957 | ... | ... | 7 | 1 | 2 | — |
| 1958 | ... | ... | 12 | — | 2 | — |

HOUSING

The Five Year Plan for the elimination of the worst slum areas can now be considered complete. In all, just over 400 houses have been represented and dealt with. In your District there remain an equivalent number of back-to-back houses which I have mentioned in previous Reports. It is intended to represent one or two groups of these in the near future as a Test Case. My views on them are well known and there is no reason to go over the old ground once more. I hope in my next Annual Report to be able to tell you the outcome.

For the rest, there has been a considerable diminution of Council houses completed during the year, but this is only a temporary phase and the upward trend ought to be resumed very shortly.

Private building has continued on a satisfactory scale and the indications are that the rate of construction is likely to be stepped up. One of the difficulties is the lack of suitable land for development. There is, evidence, however, that the planning Authority are taking a much more realistic view of local needs and are co-operating to a much greater degree than formerly.

Certain it is that Rothwell Urban District Council ranks high amongst other comparable Authorities in its continued and successful efforts towards improving the housing amenities of its population.

HOUSING STATISTICS YEAR 1958

1. No of Dwelling Houses in District 8,027
 2. No of Houses included in above:
 - (a) Back-to-back 451
 - (b) Single back not known
 3. HOUSES IN CLEARANCE AREAS AND UNFIT HOUSES ELSEWHERE
 No. of houses included in Representations made during the year
 - (a) in Clearance Areas 57
 - (b) individual unfit houses 55
- A. HOUSES DEMOLISHED**

| | HOUSES DEMOL- ISHED | DISPLACED during year | |
|------------------------------------------------------------------------------------------|---------------------------|--------------------------|----------|
| | | Persons | Families |
| In Clearance Areas | | | |
| (1) Houses unfit for human habitation | 42 | 101 | 36 |
| (2) Houses included by reason of bad arrangement, etc. ... | Nil | Nil | Nil |
| (3) Houses on land acquired under Section 43 (2) Housing Act, 1957 | 1 | 1 | 1 |
| Not in Clearance Areas | | | |
| (4) As a result of formal or informal procedure under Section 17 (1) Housing Act, 1957 | 75 | 53 | 22 |
| (5) Local Authority owned houses certified unfit by the Medical Officer of Health | Nil | 4 | 1 |
| (6) Houses unfit for human habitation where action has been taken under local Acts ... | Nil | Nil | Nil |
| (7) Unfit houses included in Unfitness Orders | Nil | Nil | Nil |
| <hr/> | | | |
| B. UNFIT HOUSES CLOSED | Number | | |
| (8) Under Sections 16 (4), 17 (1) and 35 (1), Housing Act, 1957 | 1 | 10 | 3 |
| (9) Under Sections 17 (3) and 26, Housing Act, 1957 | Nil | Nil | Nil |
| (10) Parts of buildings closed under Section 18, Housing Act, 1957 | Nil | Nil | Nil |

C. UNFIT HOUSES MADE FIT AND HOUSES IN WHICH DEFECTS WERE REMEDIED

| | By Owner | By Local Authority |
|------------------------------------------------------|----------|--------------------|
| (11) After informal action by local authority | 110 | Nil |
| (12) After formal notice under | | |
| (a) Public Health Acts ... | 10 | Nil |
| (b) Sections 9 and 16, Housing Act, 1957. ... | 1 | Nil |
| (13) Under Section 24, Housing Act, 1957 | Nil | Nil |

D. UNFIT HOUSES IN TEMPORARY USE (Housing Act, 1957)

| | Number of Houses | Number of separate dwellings contained in column (1) |
|-----------------------------------------------------------------------|------------------|------------------------------------------------------|
| | (1) | (2) |
| Position at end of year | | |
| (14) Retained for temporary accommodation | | |
| (a) Under Section 48 ... | Nil | Nil |
| (b) Under Section 17 (2) ... | Nil | Nil |
| (c) Under Section 46 ... | Nil | Nil |
| (15) Licensed for temporary occupation under Sections 34 or 53 | Nil | Nil |

E. PURCHASE OF HOUSES BY AGREEMENT

| | Number of Houses | Number of occupants of houses in column (1) |
|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------|
| | (1) | (2) |
| (16) Houses in Clearance Areas other than those included in confirmed Clearance Orders or Compulsory Purchase Orders, purchased in the year | Nil | Nil |

4. No. of families rehoused during the year into Council owned dwellings

| | |
|----------------------------------|-----------|
| (a) Clearance Areas, etc. | 36 |
| (b) Overcrowding | not known |

5. RENT ACT, 1957

| | |
|------------------------------------------------------------------------------------------|----|
| (a) No of certificates of disrepair granted ... | 2 |
| (b) No. of undertakings to execute repairs given by owners to the local authority ... | 25 |
| (c) No of certificates of disrepair cancelled ... | 9 |

6. OVERCROWDING

Any comments in connection with this problem NIL

7. NEW DWELLINGS

No. of new dwellings completed during the year:—

| | |
|-------------------------------|----|
| By the Local Authority | 76 |
| By Private Enterprise | 71 |

8. GRANTS FOR CONVERSION OR IMPROVEMENT OF HOUSING ACCOMMODATION

| | Formal applica- tions received during the year | Applica- tions approved during the year | Number of dwellings completed during year |
|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------|
| | Number of dwellings | Number of dwellings | |
| (a) CONVERSIONS (The number of dwellings is the number resulting from completion of the work) | Nil | Nil | Nil |
| (b) IMPROVEMENTS | 24 | 23 | 20 |

9. DETAILS OF ADVANCES FOR THE PURPOSE OF ACQUIRING OR CONSTRUCTING HOUSES

Housing Act, 1949, 78 advances totalling £63,164

10. SUPPLEMENTARY REMARKS

Please give any supplementary remarks or extended notes on any of the foregoing entries.

SANITARY CIRCUMSTANCES OF THE AREA

Water Supply.—The standard, quality and adequacy of the water supply to your area remain unchanged and are completely satisfactory. The sources of supply are as before and are comprised as follows:—

| | | | |
|-----------------------|-----|-----|---------------------|
| Leeds Corporation | ... | ... | 313,426,000 gallons |
| Morley Corporation | ... | ... | 25,806,000 |
| Wakefield Corporation | ... | ... | 44,389,000 |
| | | | <hr/> |
| | | | 383,621,000 |
| | | | <hr/> |

Of this quantity, 180,823,000 gallons were used for trade purposes and the balance of 202,798,000 gallons was accounted for by domestic purposes and leakage respectively.

The average daily consumption per head for domestic purposes was 22.45 gallons and for trade purposes 20.03 gallons.

Twelve bacteriological samples were taken and were, in all cases, satisfactory. A specimen report is included below.

So far as the chemical quality of the water and its potability are concerned, there have been one or two minor complaints all satisfactorily traced and dealt with. These are set out in detail in the Report of the Senior Public Health Inspector. A sample chemical analysis is as below:—

Chemical Analysis:—

| | | | | | | |
|-----------------------------------------|-----|-----|-----|-----|-----|--------------------------|
| Smell | ... | ... | ... | ... | ... | Nil |
| Colour | ... | ... | ... | ... | ... | 60 Hazen |
| pH | ... | ... | ... | ... | ... | 7.3 (B.T.B.) |
| | | | | | | Parts per million |
| Total Solids, dried at 100° C. | ... | ... | ... | ... | ... | — |
| Total Solids, dried at 180° C. | ... | ... | ... | ... | ... | 95 |
| Residue on Ignition | ... | ... | ... | ... | ... | — |
| Nitrogen as free and saline ammonia | ... | ... | ... | ... | ... | 0.005 |
| Nitrogen as albuminoid ammonia | ... | ... | ... | ... | ... | 0.035 |
| Nitrogen as nitrites | ... | ... | ... | ... | ... | 0.004 |
| Nitrogen as nitrates | ... | ... | ... | ... | ... | 0.25 |
| Chlorine present as chloride | ... | ... | ... | ... | ... | 13.5 |
| Oxygen absorbed in 4 hours at 20° C. | ... | ... | ... | ... | ... | 1.11 |
| Temporary hardness as Calcium carbonate | ... | ... | ... | ... | ... | 16.0 |

| | Parts per million | | | | | | |
|----------------------------------------|-------------------|-----|-----|-----|-----|-----|------|
| Permanent hardness as Calcium sulphate | ... | ... | ... | ... | ... | ... | 44.4 |
| Lead | ... | ... | ... | ... | ... | ... | — |
| Copper | ... | ... | ... | ... | ... | ... | — |
| Zinc | ... | ... | ... | ... | ... | ... | — |
| Iron | ... | ... | ... | ... | ... | ... | 1.4 |

Report:— Chemically satisfactory.

Bacteriological Examination.—

Plate Count. Yeastrel agar 24 hours 37° C.

aerobically ... — per ml.

Probable number of coliform bacilli, Mac-

Conkey 2 days, 37° C. ... 0 per ml.

Probable number of Faecal coli ... 0 per ml.

Sewage Disposal.—The major scheme at Methley is now in course of preparation. When this is completed the Methley sewage will be pumped to Lemonroyd Sewage Works, and the old and inefficient Methley Sewage Works will be abolished.

Rivers and Streams.—There has been no change during the year, and the effluent from the Methley Sewage Works is still extremely unsatisfactory. The construction and implementation of the major scheme mentioned above is the only way of effecting a permanent improvement.

Closet Accommodation. Public Cleansing. — These matters are dealt with in the Report of the Senior Public Health Inspector.

Shops and Offices.—Routine inspections have been carried out as usual. No statutory action was found necessary.

Camping Sites.—See Public Health Inspector's report.

Swimming Baths and Pools.—There is no swimming bath or pool in this area.

Factories and Workshops.—Parts 1 and 8 of the Act are still the responsibility of this Authority and the table which follows gives all the necessary details. Routine inspections have revealed no need for any action.

INSPECTION FOR PURPOSES OF PROVISIONS AS TO HEALTH.

(Including Inspections made by Public Health Inspector).

| | No. on Register | Number of:— | | |
|-------------------------------------------------------------------------------------------------------------------|--------------------|-------------|--------------------|-------------------------|
| | | Inspections | Written Notices | Occupiers prosecuted |
| 1. Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities | 11 | 4 | — | — |
| 2. Factories not included in (1) in which Section 7 is enforced by the Local Authority | 81 | 26 | — | — |
| 3. Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises) .. | 4 | — | — | — |
| TOTAL | 96 | 30 | — | — |

CASES IN WHICH DEFECTS WERE FOUND.

(If defects are discovered on two, three or more separate occasions, they should be reckoned as two, three or more cases).

| | | | | No. of cases in which defects were found | | | | Number of cases in which Prosecutions were instituted |
|-----------------------------------------------------------------------------|----|----|---|------------------------------------------|----------|-------------------|-------------------|-------------------------------------------------------|
| | | | | Found | Remedied | Referred : | | |
| | | | | | | to H.M. Inspector | by H.M. Inspector | |
| Want of cleanliness | .. | .. | — | — | — | — | — | |
| Overcrowding | .. | .. | — | — | — | — | — | |
| Unreasonable temperature | .. | .. | — | — | — | — | — | |
| Inadequate ventilation | .. | .. | — | — | — | — | — | |
| Ineffective drainage of floors | | .. | — | — | — | — | — | |
| Sanitary Conveniences :— | | | | | | | | |
| Insufficient | .. | .. | — | — | — | — | — | |
| Unsuitable or defective | .. | .. | 2 | 2 | — | 2 | — | |
| Not separate for sexes | .. | .. | — | — | — | — | — | |
| Other offences against the Act (not including offences relating to Outwork) | .. | .. | — | — | — | — | — | |
| Total | | | | 2 | 2 | — | 2 | |

OUTWORK.

| Nature of Work | No. of Out-workers in August list required by Sec. 110 (1) | Section 110 | | | Section 111 | |
|----------------------|------------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------|---------------------------------------------------|----------------|--------------|
| | | No. of cases of default in sending lists to the Council | No. of prosecutions for failure to supply lists | No. of instances of work in un-wholesome premises | Notices Served | Prosecutions |
| WEARING APPAREL :— | | | | | | |
| Making, etc. .. | 11 | — | — | — | — | — |
| Cleaning and washing | — | — | — | — | — | — |
| Textile Weaving .. | — | — | — | — | — | — |
| TOTAL .. | 11 | — | — | — | — | — |

SANITARY INSPECTION OF AREA

Infectious Disease Prevention

| | | | | | | | |
|---------------|-----|-----|-----|-----|-----|-----|----|
| Inspections | ... | ... | ... | ... | ... | ... | 34 |
| Disinfections | ... | ... | ... | ... | ... | ... | 2 |

Milk and Dairies.

| | | | | | | |
|------------------------|-----|-----|-----|-----|-----|---|
| Inspections of Dairies | ... | ... | ... | ... | ... | 3 |
|------------------------|-----|-----|-----|-----|-----|---|

Food and Drugs Inspections

| | | | | | | |
|------------------|-----|-----|-----|-----|-----|-----|
| Meat Inspections | ... | ... | ... | ... | ... | 297 |
| Bakehouses | ... | ... | ... | ... | ... | 3 |
| Food Inspections | ... | ... | ... | ... | ... | 21 |
| Water Sampling | ... | ... | ... | ... | ... | 53 |

Housing

| | | | | | | |
|-------------------------------|-----|-----|-----|-----|-----|------|
| Houses inspected and recorded | ... | ... | ... | ... | ... | 845 |
| General Surveys | ... | ... | ... | ... | ... | 1513 |
| Public Health Act Inspections | ... | ... | ... | ... | ... | 939 |
| Re-visits | ... | ... | ... | ... | ... | 460 |

Offensive Trades

| | | | | | | |
|--------------------------------------|-----|-----|-----|-----|-----|----|
| Inspections of Fat Refining premises | ... | ... | ... | ... | ... | 32 |
|--------------------------------------|-----|-----|-----|-----|-----|----|

Sanitary Matters

| | | | | | |
|-----------------------------------------------------------------------------|-----|-----|-----|-----|-----|
| Inspections of Verminous Premises | ... | ... | ... | ... | 298 |
| Inspections of Rat Infestations | ... | ... | ... | ... | 787 |
| Inspection of new drains | ... | ... | ... | ... | 296 |
| Smoke observations | ... | ... | ... | ... | 47 |
| Inspection re Refuse Removal and Disposal | ... | ... | ... | ... | 301 |
| Factories and Workshops | ... | ... | ... | ... | 30 |
| Tents, Vans and Sheds | ... | ... | ... | ... | 29 |
| Number of Statutory Notices (Housing Act and Public Health Acts) | ... | ... | ... | ... | 11 |
| Number of nuisances abated on serving Statutory Notice (Public Health Acts) | ... | ... | ... | ... | 27 |

ANNUAL REPORT
of the
SENIOR PUBLIC HEALTH INSPECTOR
and
CLEANSING SUPERINTENDENT
For The Year
1958.

Health Department,
Civic Buildings,
Rothwell,
Nr. Leeds.

To the Chairman and members of the
Rothwell Urban District Council.

Ladies and Gentlemen,

Once more I have the honour and privilege to present for your information and consideration my Report on the work of the Departments I control, this being the 27th Annual Report which I have produced for you.

The year's work has followed the pattern of its predecessors and each branch seems to have claimed a fair amount of attention about which I shall speak to you section by section as the Report proceeds, but the accent is still on housing, maybe this is because it is the largest section of our work and certainly the most popular.

HOUSING

1958 has seen the virtual culmination of the five year plan in so much as we have represented the last areas which were included in that plan. It is true that there are bits and pieces to clear up here and there but the major work of inspection, recording and representation has been done. The last Inquiry which dealt with 4 areas and 60 properties in the Methley district was held on the 27th November, 1958, which Inquiry I was unable to attend because of illness, but the Additional Inspectors coped in their usual efficient way and I doubt very much whether my absence caused any comment; a tribute to the staff.

Writing as I do some months after the year about which I am writing I am able to tell you that with one or two minor exceptions the houses represented were confirmed for Slum Clearance by the Minister and at this stage the work of re-housing them is proceeding. Our five year plan covered 354 houses but, as you will remember, I said at the time it was made it was largely a paper survey and would no doubt require adjustment as the inspections proceeded. This has proved so and the present position is that 402 houses have been dealt with and we still have 21 to inspect and if necessary represent, although it is anticipated that these will be dealt with under the Housing Act as individual unfit houses.

For house building purposes we have estimated that approximately 20 houses per year will deal with the irreparable unfits which are bound to be discovered from time to time, until eventually there will be very few houses which are not at least approaching the standard of Council Houses, which standard will, I think, ultimately be regarded as the minimum.

Housing Improvement Grants continue to be made and the work when carried out brings sub-standard houses up to the standard of a house with all modern amenities.

At the time that the five year plan was submitted reference was made to the 451 back-to-back houses which were in the district and at that time I said they would be left to be dealt with as a special problem because in many cases it seemed that the main defect was the fact that they were back-to-back therefore lacking through ventilation and being overcrowded on site. This is our next problem and we are at the present moment busy preparing two areas to submit to the Ministry for Clearance where the major cause for representation will be the defects outlined above. If the Ministry in their wisdom decide that this is a sufficient cause for clearance we shall proceed as time permits until the whole of the back-to-back houses have been dealt with. If the decision is different we may have to review the whole of the back-to-back problem.

It was interesting to notice that at the last Slum Clearance Inquiry the agent for 6 such houses which were included in an area, offered to make them into through houses and the Ministry have decided that he shall be given the opportunity. Whether he will do so or not I

do not know but this may perhaps be regarded as a slight indication as to how the back-to-back problem may resolve itself. For my own part I think that it is a question of throwing good money after bad as in the first place the houses are often of considerable age and by the time that the conversions have been made the two existing rents plus the 8% on the cost of the Improvements could well make the house rents comparable with those of modern Council Houses which they in no way resemble.

Applications for Certificates of Disrepair are reduced in numbers, only 22 being applied for and 2 issued during the currency of the year but I do not think that in this district at any rate any tenant suffers seriously from defects of repair as they all seem to know where to apply and we get results by the more traditional methods of procedure. In all 845 complaints were made regarding defective housing conditions, resulting in 1,513 inspections and the service of 354 informal and 11 formal notices during the year, the majority being cleared up and leaving 4 at the end of 1958. This work, important as it is, has been carried out diligently by the staff in spite of their many calls in other matters.

CARAVANS.

The position here has been quite simple during the year, our licenced feast ground providing a resting place during the winter months for Showmen and similar persons and the small licenced ground at Methley which is used by persons engaged on local opencast work has been used regularly. No nuisance or breaches of licences have occurred and the problem is of very small importance in this district.

PUBLIC CLEANSING SERVICE.

During 1958 the service has been maintained at a level of efficiency which we regard as a minimum, with the exception of holiday periods, on a seven days emptying cycle. Privies and Ashpits of which there are still 194 are emptied every 21 days but now that the Slum Clearance problems have been resolved we hope to eliminate still more of these relics of a bye-gone age. 98.7% of the houses in this district are now served by dustbins.

During the year 147 new houses were built and 117 demolished giving an overall increase of 30.

Our main site for tipping continues in the ravine at the south west corner of Wood Lane housing site and the culvert which I referred to in my last Report now having been completed we are proceeding with all diligence and speed to raise the level of the ground to make an area which may be used as an open space or for playing areas. Our scheme to invite tipping from other Authorities did not prove a success and so we are dependent on our own efforts with the addition of Foundry refuse which we have had for a number of years.

The central garage which was commenced during last year was completed in November and I am glad to be able to tell you that the whole of the Council's vehicles are now housed in a proper Building which is adjacent to the Repair Shop and close to the offices which is eminently satisfactory from all points of view. Carlton Bridge Depot which served us for so many many years is still used for waste paper baling and a general stores. Some of the old buildings have been demolished during the year and the space thus available being taken over by the Highways Department.

The Repair Shop with its staff of two mechanics continues to service the whole of the Council's vehicles which including smaller items such as barrows and auto scythes now number 39 and the fact that the Repair shop is very often empty is a tribute to the diligence and efficiency of our mechanics.

SEWERS AND DRAINS.

Under this heading I have to report that during the year 420 complaints were received regarding stoppages in private drains and sewers and as is customary the majority of these were removed by our drain cleansing service which is part of the Cleansing Department. Plans which are submitted for approval under Building Bye-laws come to me for checking for drainage purposes and a happy liaison exists between the building Inspector and this Department to the advantage of all concerned.

SANITARY ACCOMMODATION.

Now that our main Slum Clearance proposals are completed an effort will be made to remove many of the privies and ashpits which still exist and as a matter of record 4 privies and ashpits were converted to 4 W.C's and dustbins during 1958.

According to the latest figures there are 8,047 closets on the water carriage system or 98.6% and 111 privies with 98 ashpits connected to them while 7,597 dustbins form 98.7% of the ashes accommodation of the area.

FOOD AND DRUGS.

Supplementary and Dealers Licences to sell specially designated milks are issued by this Authority and the table appended gives the details of the licences issued during the current year.

Very few complaints are received regarding the quality or condition of the milk and as the majority of the milk supplied is processed originally by one or other of the larger Dairies who are as anxious as we are to maintain a high standard, these complaints are always dealt with expeditiously and satisfactorily.

Table of Milk Sellers

Retail Purveyors ... 46

| | | | | Dealers Supplementary | | |
|-------------------|-----|-----|-----|-----------------------|-----|---|
| Sterilized | ... | ... | ... | 40 | ... | 6 |
| Tuberculin Tested | ... | ... | ... | 8 | ... | 3 |
| Pasteurised | ... | ... | ... | 9 | ... | 6 |

One complaint was received at the end of last year regarding foreign bodies in mincemeat but your Committee decided after consideration of the evidence not to prosecute and arising out of correspondence, the makers, who although not in this district were fairly local, issued an invitation, which was accepted by the Health Committee, to visit the works where they were shown the processes which the firm adopt to ensure that their products are as far as possible clean and wholesome.

Examinations are carried out from time to time by the Inspectors on food of all descriptions displayed or offered for sale within the district and the trades people from time to time request us to call and give an opinion upon various suspect material.

The two Slaughter Houses which were in operation at the commencement of the year have continued to function and at both these places the inspection of meat is 100%. With a single exception cysticercus Bovis has

not been found in carcasses examined in this district although the routine methods of examination are used in every case and the one case of a single cyst which was found was reported by the laboratory as to be so degenerate as not to warrant any action. Appended is a table showing the types and amount of inspections made and also the amount of food condemned as a result of those inspections. As before we still examine and remove unsound food from the Ministry of Food Depot which accounts for the excessive amount of tinned food.

Meat and Food Inspection.

| | | | | | |
|----------------------------------|-----|-----|-----|-----|-------|
| Cattle | ... | ... | ... | ... | 551 |
| Sheep and Lambs | | | ... | ... | 1,549 |
| Pigs | ... | ... | ... | ... | 558 |
| Pigs (Fatstock Guarantee Scheme) | | | | | 485 |

Food Condemned.

| | | | |
|-----------------------|-----|-----|-------------|
| Home Killed Carcasses | .. | ... | 2,051 lbs. |
| Varied tinned foods | ... | ... | 48,980 lbs. |
| Raisins | ... | ... | 28 lbs. |

WATER SUPPLY.

The water consumed in this district comes from three neighbouring Authorities Leeds, Morley and Wakefield and as is customary is sampled from time to time, a total of 6 chemical and 12 bacteriological samples being taken. A complaint was received in late April regarding taste and smell and was found to be due to the treatment at the waterworks for the removal of algal growth, the complaint arising not from the treatment but from the resultant dead matter in the reservoir. A complaint was also received of excessive iron at Methley about which I commented in my last report but normal flushing removed the complaint. Investigation was required into a report of minute organisms in the water which were classified by the Analyst as cyclops, a harmless organism found in most untreated waters and presumed to have come to the point of consumption by a temporary defect on the filter; and here again flushing removed the trouble. Our chemical samples are still examined by the Leeds City Analyst and the bacteriological samples by the Public Health Laboratory at Wakefield and I am indebted to the staff at both of these establishments for their help and advice which is so readily made available.

DISINFESTATION AND DISINFECTION.

The routine inspection of empty houses and the effects of incoming tenants on Council estates continues to the advantage of the Housing Sites generally and although many of these reports are negative the prevention of the single infestation makes all the other inspections worthwhile. If it is found necessary to deal with premises or effects the Leeds Corporation Disinfestation Service is employed. Disinfection is practically non-existent but we do if requested disinfect houses after death.

SHOPS ACT.

During the year 19 inspections were made at Shops in this area for health and hygiene and 1 was checked for hours of closing. There were no breaches of the Shops Act discovered.

CLEAN AIR.

The chief item of propaganda which has occurred was the Clean Air Campaign which started at Wakefield on the 22nd September, 1958, visited 17 centres and culminated with an exhibition in Leeds where as a rewarding gesture a Dinner was held to which representatives of all Local Authorities and Public Utilities were invited and which was graced by the presence of H.R.H. Princess Royal. Propaganda, like advertising, is insidious and delayed in its effects and it is not possible to say at any time what the precise result has been but judging from the number of people who were interested enough to visit the exhibition (the estimate is 20,000 adults and 10,000 children) it would appear that the Campaign came at the appropriate time and provided the promises which were made are fulfilled I think that Clean Air throughout the country is inevitable.

You will remember that I spoke with great hope in my last report of what was likely to happen but since then one or two things have occurred which have, at least made me wonder that if all that has been promised will be fulfilled.

Concessionary coal, that is as you know the allowance of raw coal which mine workers receive as part of their wages, still provides an obstacle in the provision of smokeless zones in mining areas, as it is obvious that the miners will have to forego this coal and take in its place money

or an equivalent amount of smokeless fuel and it is about the payment that the trouble has arisen. It seems that the miners would be willing to give up their coal providing they were paid enough for it but the present buy back arrangements made by the Coal Board amount to £3 a ton which apparently in the eyes of the mining fraternity is not sufficient. They are concerned that they will suffer some financial loss in the transaction but it is not generally appreciated that no arrangements are made for compensating the rest of the public who may also have to pay more for their new fuels than they did for raw coal.

It is perhaps understandable that a people who for generations have worked in the bowels of the earth extracting coal should be concerned about losing what they win but it must be remembered that whatever is done is for the major good and the mining populace will themselves enjoy a clearer atmosphere when it is provided.

During the past few years the Coal Utilisation Council have done invaluable service in training Inspectors, Fireplace Fixers, and Builders in the best types of fireplaces and stoves to use to burn smokeless fuel, which is of course in the main coke and they have by general publicity instructed the public in more enlightened methods and it was with some surprise therefore that we noticed in the national newspapers an advertisement produced by the C.U.C. extolling the virtues of raw coal and I, together with I suppose dozens of other Clean Air enthusiasts, made a point of writing to the C.U.C. registering emphatic objections and asking for explanations. Letters have appeared in the publication 'Clean Air' which do no more than make it clear that Coal Utilisation Council is both running with the hare and hunting with the hounds and it would seem apparent that they are paid by the coal producing organisations to market coal. A further minor shock occurred when the West Riding County Council wrote to this Authority and all others in the Riding asking for 'cart blanche' permission to install appliances, constructed for burning raw coal, in their future school building programme but on my advice you declined to give this permission, as did most of the other Authorities in the Riding. A disturbing element was that in discussing this matter at the West Riding Clean Air Advisory Committee we were informed credibly though not officially that the Ministry of Housing and Local Government were in fact considering the issue of Regulations permitting this very thing to happen.

While this report was being produced I have received The Smoke Control Areas (Exempted Fireplaces) Order 1959, which together with its explanatory memoranda excludes from Section II (smoke control areas) furnaces (installed after the 31st December, 1956) with mechanical stokers which may now burn coal "particularly small coal" which as the Memo. naively puts it "is in plentiful supply." Comment seems superfluous and although time will show the effect it seems a retrograde step. All of these points small though they may be individually, in combination, may in my opinion be sufficient to violently upset if not wreck the Clean Air project. I hope I am wrong but time alone will tell.

With regard to the more positive action for Clean Air in this area the Council, as you know, have adopted a bye-law which requires the provision of fireplaces of a coke burning type and these are being fitted throughout the area but I also know of several instances where such grates have been installed by house holders who were under no obligation to do so, which is I think straw showing which way the wind is blowing. Industrialists approach me from time to time with regard to combustion and Clean Air and if my previous worries are unfounded I see no reason why we should not progress to a state of purity of the atmosphere.

PUBLIC CONVENIENCES AND PUBLIC MORTUARY.

During the year a small convenience attached to a Public House in the Methley area, previously used and controlled by them but now extra to their requirements has been taken over by the Council and brought up to a satisfactory state of repair and maintenance. Carlton convenience has been equipped with electric light but other than that there has been no great alteration. Some of the convenience doors are locked and some are open and I am still not quite sure which is the best method, damage and soiling occurs in both the open and closed ones from time to time.

The mortuary still performs its macabre task and no complaints have arisen.

PREVENTION OF DAMAGE BY PESTS ACT.

787 inspections were made during the year and 115 infestations were dealt with in the customary way. There has been no marked change in the incidence of infestations of this type.

STATISTICAL RECORD.**Visits and Inspections.**

| | | | | | |
|-----------------------------------|-----|-----|-----|-----|-----|
| Clean Air Act | ... | ... | ... | ... | 47 |
| Factories and Workshops | ... | ... | ... | ... | 30 |
| Food examination | ... | ... | ... | ... | 318 |
| Food premises | ... | ... | ... | ... | 46 |
| Housing Acts | ... | ... | ... | ... | 845 |
| Housing Acts (Re-inspection) | ... | ... | ... | ... | 668 |
| Infectious Diseases | ... | ... | ... | ... | 34 |
| Offensive Trades | ... | ... | ... | ... | 32 |
| Petroleum Storage | ... | ... | ... | ... | 43 |
| Plant Maintenance | ... | ... | ... | ... | 301 |
| Prevention of Damage by Pests Act | ... | ... | ... | ... | 787 |
| Public Cleansing Service | ... | ... | ... | ... | 301 |
| Public Conveniences | ... | ... | ... | ... | 196 |
| Public Health Act | ... | ... | ... | ... | 939 |
| Public Health Act (Re-inspection) | ... | ... | ... | ... | 460 |
| Sanitary Accommodation | | | | | |
| (Conversions or improvement) | ... | ... | ... | ... | 25 |
| Septic Tanks and Cesspools | ... | ... | ... | ... | 6 |
| Sewers and Drains Inspected | ... | ... | ... | ... | 491 |
| Sewers and Drains Tested | ... | ... | ... | ... | 296 |
| Shops Act | ... | ... | ... | ... | 19 |
| Shops Act (Hours of Closing) | ... | ... | ... | ... | 1 |
| Tents, Vans and Sheds | ... | ... | ... | ... | 29 |
| Vermin | ... | ... | ... | ... | 298 |
| Water Sampling | ... | ... | ... | ... | 53 |

Summary of Works Carried Out.

| | | | | |
|--------------------------------------|-----|-----|-----|----|
| Ceilings repaired or replastered | ... | ... | ... | 18 |
| Walls repaired or replastered | ... | ... | ... | 22 |
| Windows repaired or renewed | ... | ... | ... | 18 |
| Doors repaired or renewed | ... | ... | ... | 7 |
| Fireplaces repaired or renewed | ... | ... | ... | 16 |
| Floors repaired or renewed | ... | ... | ... | 7 |
| Sinks renewed | ... | ... | ... | 18 |
| Sink waste pipes repaired or renewed | ... | ... | ... | 9 |
| Washing Coppers renewed | ... | ... | ... | 3 |
| Food Stores repaired or altered | ... | ... | ... | 3 |

| | | | | |
|-------------------------------------|-----|-----|-----|-----|
| Roofs repaired | ... | ... | ... | 55 |
| Chimney Stacks repaired | ... | ... | ... | 17 |
| Eaves gutters repaired or renewed | ... | | | 39 |
| Rainwater pipes repaired or renewed | ... | | | 29 |
| Walls repaired or repointed | ... | ... | | 15 |
| Water services repaired or renewed | ... | | | 1 |
| Drains cleared from obstruction | ... | ... | | 420 |
| Drains repaired or renewed | ... | ... | | 27 |
| Inspection chamber covers renewed | ... | | | 6 |
| Water closets repaired | ... | ... | ... | 80 |
| Privy Middens and ashpits repaired | ... | | | 3 |
| Sanitary Pails renewed | ... | ... | ... | 1 |
| Sanitary Conversions | ... | ... | ... | 4 |

STAFF.

Again we have enjoyed a year unbroken by changes in staffing and this I am sure results in greater efficiency and makes my task as head of the Department much easier. My staff have worked diligently and consistently, particularly in the detailed preparation of the Clearance Areas which have been prepared for presentation during the 12 months and I would in this report express my appreciation of the efforts of every single one of them. Mr. Kilburn obtained the certificate of the Public Health Inspectors Examination Joint Board as a Public Health Inspector and thus put an official stamp on his knowledge, from then he commenced to study for the Certificate of Meat and Other Foods Inspector and at the time of writing this Report he has also obtained this Certificate and you now have the service of three completely qualified Public Health Inspectors.

The efforts of the Department, including my own, are made the more pleasant by the fact that such work as we do is encouraged and appreciated by members of the Council, particularly the Health Committee, and in concluding I would say to them how much we appreciate their assistance, interest and support.

To the Medical Officer and Clerk of the Council as well as other officers of the Council with which we enjoy a close liaison my thanks are recorded for their help, interest and advice.

I am, Mr. Chairman and Members,

Your obedient Servant,

THOS. WILSON,
Chief Public Health Inspector.

